EXAMPLES OF LOCAL AND REGIONAL MDI TRANSITION STRATEGIES FROM THE UNITED KINGDOM

(As referenced by the Aerosols, Sterilants, Miscellaneous Uses and Carbon Tetrachloride Technical Options Committee in the Report of the Technology and Economic Assessment Panel, April 1999, Volume 2)

1.1 Examples of actual district MDI transition policies in the United Kingdom, where two salbutamol CFC-free pMDIs and one beclomethasone CFC-free pMDI are available.

NOTE: These are reproduced as examples only and are not recommendations. Clearly district (and national) policies will be determined by local availability of alternatives and be influenced by local systems for health care delivery and reimbursement.

1.1.1 Example 1

- New patients – all new patients requiring salbutamol and/or beclomethasone are to start on a CFC-free version.
- Existing salbutamol users (mono-therapy) – change all patients to a CFC-free salbutamol over the next few months by prescribing "salbutamol CFC-free pMDI".
- Those on salbutamol and beclomethasone – either change both now, one now and the other later, or both later (and policy lists pros and cons of each approach).

1.1.2 Example 2

Salbutamol

- All new patients to receive CFC-free salbutamol.
- Patients on branded CFC-containing salbutamol pMDI products to switch to the equivalent CFC-free by August 1999.
- Those on generic salbutamol to switch to one of the CFC-free salbutamol products during 1999.
- Start transition with those on mono-therapy or those with mild controlled asthma or COPD so that there is more time later for those with poorly controlled disease for counselling and dose adjustment.

Inhaled steroids – option 1

- All new patients to start on CFC-free beclomethasone.
- During 1999 start changing all patients on generic beclomethasone to the only available CFC-free beclomethasone.

Advantages:

- Beta-agonist and steroid switch together
- No cost increase
- If switch to same brand, same spacer fits the device

Disadvantages:

- Only available brand involves dose change
- Not possible for those aged under 12

Inhaled steroids – option 2

- Switch patients only when direct CFC-free equivalent becomes available.

Advantages:

- Less confusion for patients
- Easier for health professionals
- CFC-free salbutamol will have paved the way
- Less interface problems because hospitals will not change to the last moment

Disadvantages:

- Against spirit of the Montreal Protocol
- Some will change early as a result of marketing or patient pressure
- Delay may lead to expensive switch to DPIs
- May need different spacers for preventer and reliever
- Will direct equivalent CFC-free beclomethasone really come?

1.1.3 Example 3

- Salbutamol: During 1999 – change all salbutamol users to a “CFC-free salbutamol pMDI”.
- Beclomethasone: last quarter of 1999 and first 6 months of 2000 – change all CFC pMDI beclomethasone users to either half strength beclomethasone (QVAR) or half strength Fluticasone (Flixotide) Evohaler.