

Inhaled corticosteroids with long-acting beta₂ agonists

for treating asthma

Technology Guidance from the MOH Drug Advisory Committee

Guidance Recommendations

The Ministry of Health's Drug Advisory Committee has recommended the following inhaled corticosteroid/long-acting beta₂ agonist (ICS/LABA) inhalers for inclusion on the MOH Standard Drug List (SDL) for treating asthma in view of acceptable clinical and cost-effectiveness:

- ✓ Fluticasone furoate/vilanterol (Relvar Ellipta) 100/25 mcg (30 inhalations) and 200/25 mcg (30 inhalations) inhalation powder;
- ✓ Budesonide/formoterol (DuoResp Spiromax) 160/4.5 mcg (120 inhalations) and 320/9 mcg (60 inhalations) inhalation powder.

The Committee has also recommended the following ICS/LABA inhalers for retention on the MOH SDL, in view of acceptable proposals from the companies:

- ✓ Fluticasone propionate/salmeterol (Seretide Accuhaler) 100/50 mcg (60 inhalations), 250/50 mcg (60 inhalations), 500/50 mcg (60 inhalations) inhalation powder;
- ✓ Fluticasone propionate/salmeterol (Seretide Evohaler) 50/25 mcg (120 inhalations), 125/25 mcg (120 inhalations), 250/25 mcg (120 inhalations) inhalation aerosol;
- ✓ Budesonide/formoterol (Symbicort Turbuhaler) 160/4.5 mcg (120 inhalations) inhalation powder;
- ✓ Budesonide/formoterol (Symbicort Rapihaler) 80/2.25 mcg (120 inhalations), 160/4.5 mcg (120 inhalations) inhalation aerosol.

Of note, Symbicort Turbuhaler 80/4.5 mcg, 320/9 mcg and Symbicort Rapihaler 80/4.5 mcg will be delisted with effect from 1 August 2023 due to discontinuation by the company.

The subsidy class and subsidy implementation dates (if applicable) for all ICS/LABA inhalers are provided in the Annex.

ANNEX

Recommendations by the MOH Drug Advisory Committee

Active ingredients (brand), dosage form	Strengths	Subsidy class (Implementation date)
Dry powder inhalers		
Budesonide & formoterol (DuoResp Spiromax) inhalation powder	160/4.5 mcg (120 inhalations), 320/9 mcg (60 inhalations)	SDL (1 Feb 2023)
Budesonide & formoterol (Symbicort Turbuhaler) inhalation powder*	160/4.5 mcg (120 inhalations)	SDL [^]
	160/4.5 mcg (60 inhalations)	Not recommended for subsidy
Fluticasone furoate & vilanterol (Relvar Ellipta) inhalation powder	100/25 mcg (30 inhalations), 200/25 mcg (30 inhalations)	SDL (1 Apr 2023)
Fluticasone propionate & salmeterol (Seretide Accuhaler) inhalation powder	100/50 mcg (60 inhalations), 250/50 mcg (60 inhalations), 500/50 mcg (60 inhalations)	SDL [^]
Mometasone & indacaterol (Ateectura Breezhaler) inhalation powder	80/150 mcg (30 inhalations), 160/150 mcg (30 inhalations), 320/150 mcg (30 inhalations)	Not recommended for subsidy
Metered dose inhalers		
Budesonide & formoterol (Symbicort Rapihaler) inhalation aerosol*	80/2.25 mcg (120 inhalations), 160/4.5 mcg (120 inhalations)	SDL [^]
Fluticasone propionate & salmeterol (Seretide Evohaler) inhalation aerosol	50/25 mcg (120 inhalations), 125/25 mcg (120 inhalations), 250/25 mcg (120 inhalations)	SDL [^]
Fluticasone propionate & formoterol (Flutiform) inhalation aerosol	50/5 mcg (120 inhalations) 125/5 mcg (120 inhalations) 250/10 mcg (120 inhalations)	Not recommended for subsidy

Abbreviations: SDL, Standard Drug List

[^] These products are currently on SDL and will be listed on a brand-specific basis with effect from 1 April 2023.

* Two strengths of budesonide/formoterol (Symbicort), 80/4.5 mcg and 320/9 mcg, will be delisted with effect from 1 August 2023 due to discontinuation by the company.

 Agency for Care Effectiveness - ACE  Agency for Care Effectiveness (ACE)

About the Agency

The Agency for Care Effectiveness (ACE) was established by the Ministry of Health (Singapore) to drive better decision-making in healthcare through health technology assessment (HTA), clinical guidance, and education.

As the national HTA agency, ACE conducts evaluations to inform government funding decisions for treatments, diagnostic tests and vaccines, and produces guidance for public hospitals and institutions in Singapore.

This guidance is based on the evidence available to the MOH Drug Advisory Committee as at 6 December 2022. It is not, and should not be regarded as, a substitute for professional or medical advice. Please seek the advice of a qualified healthcare professional about any medical condition. The responsibility for making decisions appropriate to the circumstances of the individual patient remains with the healthcare professional.

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