NewTherapiesSubgroup

GMMMG Greater Manchester Medicines Management Group

NHS

21st July 2015

# Airsonett® - a temperature controlled laminar airflow medical device, for use in children, with poorly controlled persistent atopic asthma

**The New Therapies Subgroup (NTS) discussed the above drug at a meeting in July 2015. The recommendation of this subgroup is as follows:***

The New Therapies Subgroup of the GMMMG considered the use of Airsonett® - a temperature controlled laminar airflow medical device, for use in children, with poorly controlled persistent atopic asthma despite medium to high dose pharmacotherapy.

**The group recommends the use of Airsonett® for those patients who are not eligible or suitable for treatment with omalizumab and have demonstrated symptom improvements (using the PACLQ questionnaire) following a three month trial of Airsonett®.**

The group recommends that Airsonett® is initiated by a specialist in respiratory medicine, for those patients with atopic poorly controlled asthma at BTS step 4 and above who may be under consideration for long term oral steroids and who are not eligible or suitable for omalizumab therapy. A positive skin test/serology to at least 1 indoor perennial allergen and total serum IgE at least 70 IU/ml would also need to be demonstrated prior to initiation.

The current cost of Airsonett® is £208.80 per month; this includes all servicing, breakdown and consumables.

**Please note that primary care funding will only be approved following a successful 3 month trial showing symptom improvements.**

*New Therapies Subgroup Device classification: Case for adoption is partially supported i.e. recommended for use in particular circumstances.*

According to set criteria Airsonett® was deemed to be a medium priority for funding in the specific patient group identified.

Review date: July 2017

* Unless superseded by NICE guidance or substantial and significant new evidence becomes available.
▼ Newly marketed drugs and vaccines are intensively monitored for a minimum of two years, in order to confirm the risk / benefit profile of the product. Healthcare professionals are encouraged to report all suspected adverse drug reactions regardless of the severity of the reaction.

**Further information / commissioning implications for CCGs**

Respiratory is a therapeutic area within Greater Manchester where there are both high spend within Primary Care prescribing and high rates of hospital admissions.

It is unclear whether Airsonett should be commissioned by NHS England or by CCGs as it seems to sit around BTS Step 4 or 5. NHS England commissions severe and difficult-to-control asthma services from Highly Specialist Respiratory Centres and the drug omalizumab. However, some patients are unsuitable for omalizumab. Clarification has been sought from NHSE around commissioning of Airsonett but a response is still awaited.

Airsonett would be used as an add-on therapy in patients with severe persistent allergic asthma. This is in addition to existing medication but there would be expected to be a reduction in exacerbations and use of oral steroids.

The local consultant in Respiratory Paediatrics at UHSM with whom this recommendation was worked up – Dr Clare Murray – has stated that [non-GM] CCGs have funded Airsonett and that she estimates no more than 10 children *across the North West* would be candidates for this. This recommendation covers use in children only.

Healthcare Improvement Scotland / Scottish Health Technologies Group states in *Innovative Medical Technology Overview: 003/2015*[1] : A cost-utility analysis over a one year time horizon has been presented by the manufacturer. Airsonett® was compared to standard care in patients with severe poorly controlled perennial atopic asthma. The clinical data used to populate the model was taken from the German observational study. Airsonett® was found to be cost effective with an estimated incremental cost effectiveness ratio (ICER) of £8,998 per quality-adjusted life year (QALY) based on an incremental cost of £553 and a QALY gain of 0.0615. Therefore, while a strength of the design of the economic study is the use of a cost-utility analysis, the applicability in a UK population cannot be accurately assessed.

<u>Recommendation</u>
The recommendation is that this device is a medium priority for funding and continued use is only recommended after a 3 month period to assess effectiveness. The company will provide and fund the device for an initial 3 month trial period. Alternatively, if the NHS funds from the start of the treatment, at the end of the 3 months, if there has been no improvement in any of the measures and it is deemed the treatment has been ineffective then the company will refund 50% of the rental costs.

<u>Future commissioning implications</u>
There are no particular commissioning implications.

<u>Secondary Care implications</u>
Secondary Care will need to arrange the initial supply of Airsonett and to ensure that details of initial symptoms and questionnaire are completed and then that the review takes place at the appropriate interval.

Formulary and Interface considerations

This device is not included within the GM Formulary – it would be in the “20%” of use outside. As it is not prescribable by GPs, it will not be considered by Interface.

Summary of impact

Due to small numbers of patients, overall impact is likely to be very low.

Reference

1. Scottish Health Technologies Group. Airsonett®: innovative medical technology overview 003-2015 http://www.healthcareimprovementscotland.org/his/idoc.ashx?docid=77b87365-ac96-4c65-8517-07369f050933&version=-1 accessed 09/11/15