

NEWS



Leucotriene receptor antagonists for asthma can save millions, says NICE

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A leucotriene receptor antagonist should be offered before a combination inhaler in patients with poorly controlled asthma, draft guidance from the National Institute for Health and Care Excellence (NICE) recommends.¹

The generic leucotriene receptor antagonist montelukast costs just 7p (€0.08; \$0.09) a day, and NICE estimates that the shift in practice would save £3m a year among every 10 000 people who take up the new recommendation. Leucotriene receptor antagonists are tablets taken once a day to stop airways becoming inflamed.

Patients with newly diagnosed asthma should still have a short acting beta₂ agonist reliever inhaler prescribed to use whenever they have symptoms, says NICE. If the asthma is poorly controlled they should still be given a low dose inhaled corticosteroid. And the guidance says that the next step, if asthma is still uncontrolled, is to offer a leucotriene receptor antagonist in addition to the inhaled corticosteroid.

This is a change from current guidelines, which recommend either a combination inhaler containing a corticosteroid and a long acting beta₂ agonist, or a leucotriene receptor antagonist.

If patients' asthma remains uncontrolled with leucotriene receptor antagonists they can add or move to combination inhalers, NICE says. Children under 5 should be referred to a

specialist if the addition of a leucotriene receptor antagonist has not controlled their symptoms.

NICE adds that patients already using a combination inhaler will not need to switch if this is working well for them.

The evidence for combination inhalers and leucotriene receptor antagonists shows that both are clinically effective when used as a step-up treatment. However, the NICE guideline committee concluded that leucotriene receptor antagonists were considerably more cost effective than combination inhalers.

Mark Baker, director of the NICE centre for guidelines, said, "Millions of people need treatment for their asthma, which comes at a price. We also need to make sure that we make the best use of NHS resources, and our guidance is the first to set out what the most clinical and cost effective options for treating asthma are."

The draft guideline is out for public consultation until 16 February.

1 National Institute for Health and Care Excellence. Asthma management. Nov 2016. <https://www.nice.org.uk/guidance/indevelopment/gid-cgwave0743>.

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