

STUDY REPORT SUMMARY

ASTRAZENECA PHARMACEUTICALS

FINISHED PRODUCT: No drug

ACTIVE INGREDIENT: No drug

Study No: NIS-RSE-DUM-2010/2; NCT01369810

Outcome study following reimbursement changes in the use of fixed combination inhalers in patients with asthma or COPD in Iceland

Developmental Phase: Observational study

Study Completion Date: 19 September 2013

Date of Report: 17 September 2014

OBJECTIVES:

This national retrospective, observational study in Iceland investigated the impact of switch from fixed combination treatment (inhaled corticosteroid/long-acting b2-agonist; ICS/LABA) to other treatments with regards to asthma or COPD treatment failure following introduction of a governmental cost-saving policy limiting reimbursement of these drugs.

METHODS:

Data from specialist- and primary care medical records was linked to data from the Icelandic Pharmaceutical Database. The index date was 1 January 2010 (the date of the reimbursement changes). Data was collected from 1 January 2009 to 31 December 2010 for all patients who had been dispensed at least one fixed ICS/LABA combination at any time during 2009. Patients were classified as having controlled/partly controlled disease if they had been dispensed ≤ 1 oral corticosteroid (OCS) course and ≤ 2 short-acting b2-agonists (SABAs) during 2009.

The impact of the reimbursement policy change on controlled/partly controlled patients was assessed using the following outcomes: number of fixed ICS/LABA combinations, ICS, LABAs, OCS and SABAs dispensed pre- and post-index; and number of healthcare visits for any reason in the 1-year period pre- and post-index.

RESULTS:

The ICS/LABA reimbursement policy change led to 47.8% fewer fixed ICS/LABA combinations being dispensed during the post-index period among patients whose asthma and/or COPD was controlled/partly controlled during the pre-index period. Fewer ICS mono-components were also dispensed. A total of 48.6% of patients were no longer receiving any respiratory medications after the policy change. This was associated with reduced disease control, as demonstrated by more healthcare visits (44.0%), and more OCS (76.3%) and SABA (51.2%) dispensations.