Disruption in combination inhaled corticosteroid therapy may lead to increased rate of exacerbations, hospitalizations

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Disruption of the refill of patients' regular combination inhaled corticosteroid therapy brand may have impacted symptoms and disease control and potentially lead to an increased rate of costly exacerbations and hospitalizations.

A retrospective pharmacy analysis was conducted on 44,832 patients from age 12 and older who had Medicare Part D coverage in 2016 and 2017 and received budesonide/formoterol fixed dose combination (BUD/FORM FDC) as their inhaled corticosteroid (ICS) and a long-acting beta-agonist (LABA) medication in 2016. Each of these patients were followed through December 31, 2017 to observe ICS/LABA switches, changes in controller medications and use of acute medications like oral corticosteroids, antibiotics, and rescue inhalers.

About half (49%) of patients within the study attempted to fill a BUD/FORM FDC prescription at a pharmacy after the formulary block on January 1, 2017. Of the patients who attempted to fill the respiratory medication, only 46% were approved for more than one refill of BUD/FORM FDC, and 52% had their refill rejected. Of the patients who were rejected a refill, 37% switched to another ICS/LABA fixed dose combination, 27% of stopped their controller medication, 10% received monotherapy, 10% received triple therapy, and 16% received other controller combinations. Of the patients who did not switch to an alternate controller medication, 37% filled a prescription for an acute medication. Overall, a third of the 44,832 patients did fill any controller medication post-block, 12% switched to monotherapy, and 17% had no inhaled medication fills.

"This Medicare Part D formulary switch was associated with a disruption in the management of patients' respiratory conditions," says Dr. Katie Devane, lead researcher. "Approximately 45% of the patients did not receive an ICS/LABA after the formulary block, which may have impacted patients' symptoms and disease control and potentially lead to an increased rate of costly exacerbations and hospitalizations."

Further results from these two studies will be shared at CHEST Annual Meeting 2018 in San Antonio on Monday, October 8, 2:15 PM—2:30 PM at the Henry B. Gonzalez Convention Center, Room 207A. The study abstracts can be viewed on the journal *CHEST* website.

More information: KATIE DEVANE et al, DISRUPTION IN CARE AFTER A FORCED FORMULARY SWITCH IN INHALED RESPIRATORY MEDICATIONS, *Chest* (2018). DOI: 10.1016/j.chest.2018.08.681

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