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Abstract Type:

No preference

Abstract Title:

Optimizing quality and efficiency of respiratory medicines in Scotland

Topic:

2. Policy Issues in HTA c. Value-Based Health Policy and Value Frameworks

Relation to Plenary Themes:

Not Applicable

Abstract Summary:

Increasing prevalence of asthma and COPD has increased use of long acting inhalers. Different inhalers with patented delivery systems have kept costs high and inhalers among the highest expenditure items in ambulatory care in Scotland. There was a 136.8% increase in their utilisation between 2001 - 2017 alongside a 195.7% increase in expenditure. This is being addressed with branded

Introduction:

There is increasing prevalence of asthma and chronic obstructive pulmonary disease particularly among Western countries. Longer acting formulations of beta agonists and steroids (LABA/ ICS) have improved care with short acting beta agonists (SABAs) now principally used for rescue. The concerns with inhaler technique and compliance have resulted in different inhalers with new patented delivery systems. This has kept costs high as it is challenging to change inhalers if patients are stable on a particular inhaler, different to switching between generic and patented PPIs and statins. However as most standard medicines are now available as low cost generics, inhaler costs have become highly visible and are now among the highest expenditure items in ambulatory care in Scotland. This has resulted in initiatives in recent years to consider lower costs branded generic

LABAs/ ICS.

Methods:

Assessing utilization (items dispensed) and expenditure of different inhalers used for asthma and COPD between 2001 and 2017 in Scotland via national databases alongside Health Board initiatives.

Results:

144 different inhalers were included in the analysis. There was a 136.8% increase in their utilisation between 2001 and 2017 alongside a 195.7% increase in total expenditure. Increasing use of LABA/ ICS, and more recently long acting anti-muscarinics, have driven increasing utilisation with limited use of SABAs. This is very different to the PPIs, statins, and SSRIs where expenditures have appreciably fallen in recent years despite significantly increased volumes following generics. This is changing with greater use of branded generic LABAs/ ICS in Scotland in recent years.

Conclusions:

Concerns with techniques and switching have resulted in inhalers not following other high-volume drug classes once generics become available, although starting to change. Concerns with the advice given to patients about the inhalers still needs addressing. Further research is ongoing to help Scottish Health Boards cope with inhaler expenditure whilst maintaining good care.

Low and Middle-Income Country (LMIC) Status:

No

Student Status:

No

Patient, User and Client Representation:

No

Declare Sources of Support:

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