ICS+LABA Combination Products for Asthma and COPD

The Ontario Drug Policy Research Network (ODPRN) conducted multiple studies on the efficacy, safety, and accessibility of ICS+LABA combination products for asthma and COPD using rigorous research methods.

About

Asthma and chronic obstructive pulmonary disease (COPD) are common diseases in Ontario. They result in considerable costs to the Ontario Public Drug Programs (OPDP) and are a large burden to the healthcare system.

There are four different ICS+LABA products:

- ZENHALE indicated for asthma
- ADVIIR indicated for asthma and COPD
- SYMBICORT indicated for asthma and COPD
- BREO ELLIPTA indicated for COPD

As a class, all ICS+LABA products increased risk of pneumonia in COPD.

It is difficult to start patients, and keep them on, ICS+LABA.

Physicians may find it difficult to determine when to initiate a patient on ICS+LABA for COPD management, as diagnosis and assessing disease severity is complex.

Patients are mostly compliant with ICS+LABA use for asthma, but those who aren’t may stop taking the drugs due to high costs, fear of steroids, and their perception of disease severity.

What Do We Recommend?

We recommend listing all ICS+LABA products as Limited Use for asthma and COPD.

The projected impact of expanding the Limited Use listing to patients with COPD is minimal, as physicians currently use the LU code for asthma to access these drugs for patients with COPD.

Guidelines recommend using ICS+LABA products for patients with asthma and patients with COPD.

Physicians prescribing align with guidelines, where physicians prescribe ICS+LABA products to patients with COPD and patients with asthma.

But the coverage of ICS+LABA products obtained through Ontario’s public drug program is limited to patients with asthma only, leaving patients with COPD without public coverage for these drugs.

The use of ICS+LABA combination products has increased approximately 13% over the past 4 years. ICS+LABA accounts for almost a quarter of all inhaled respiratory medications in Canada and is the second most prescribed in its drug class.

Asthma therapy expenditure by the OPDP totalled $112.6 million between April 2012 and March 2013.

COPD therapy expenditure by the OPDP totalled $149 million between April 2012 and March 2013.

Note: Limited Use code for asthma may be a degree of both asthma and COPD.