

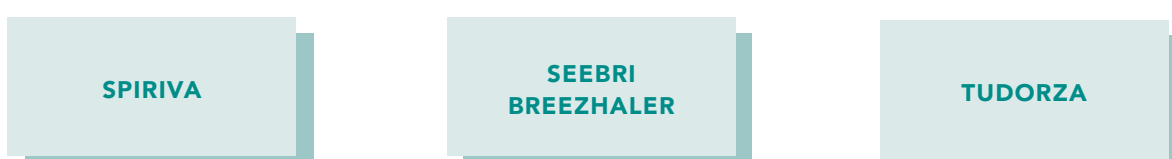
The Ontario Drug Policy Research Network (ODPRN) conducted multiple studies on the efficacy, safety, and accessibility of LAMAs for COPD using multiple research methods.

About



Long Acting Muscarinic Antagonists (LAMAs) are respiratory inhalers for the management of chronic obstructive pulmonary disease (COPD). They are also often prescribed alongside another set of respiratory drugs, inhaled corticosteroids plus long-acting beta 2-agonists (ICS+LABA), as “triple therapy” in those with more severe COPD.

There are three different LAMA products available in Canada that are indicated for COPD:



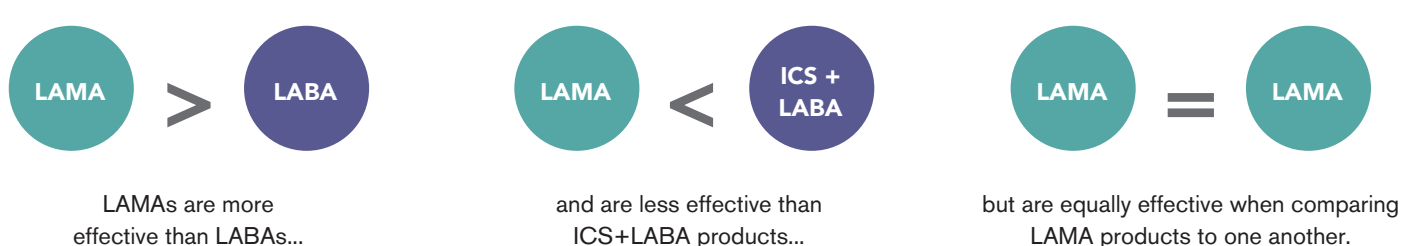
LAMAs are safe to use

They are generally safe as a class, and are safer than other similar drugs. When compared to ICS+LABA, they have a lower risk of pneumonia.

LAMAs are perceived positively

Both physicians and patients see LAMAs as effective and easy to use, which facilitates physician prescription of these drugs and patient adherence to their use.

LAMAs are effective for COPD management



1/3 of all COPD therapy is spent on LAMAs

Between April 2012 and March 2013, total expenditure for all COPD therapy was **\$149 million**

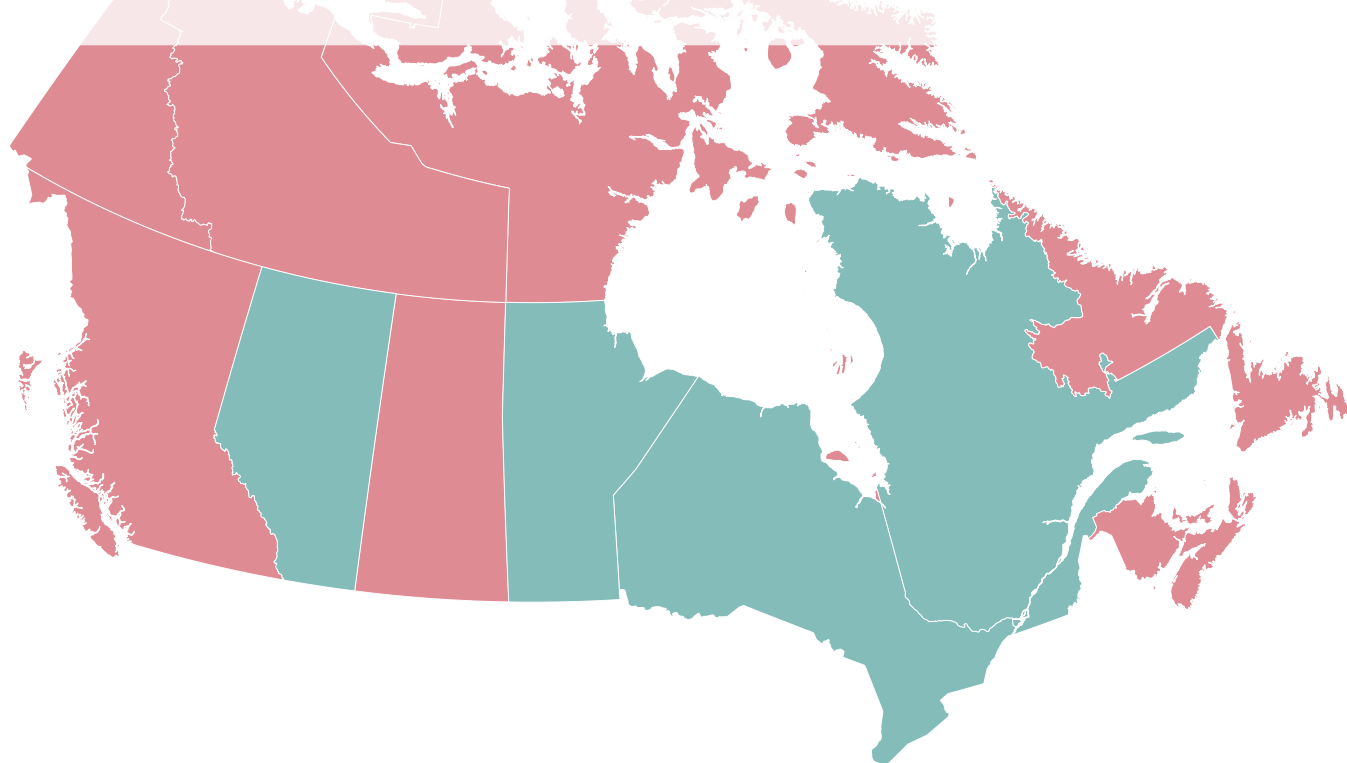
\$50 million (34%) of this expenditure was on LAMA products

LAMAs have a restricted access listing across a majority of provinces

Across Canada, coverage varies between General Benefit and restricted access.

PUBLIC DRUG PROGRAM REIMBURSEMENT LISTING
■ General Benefit ■ Restricted Access

In Ontario, LAMAs are currently listed as **General Benefit**.



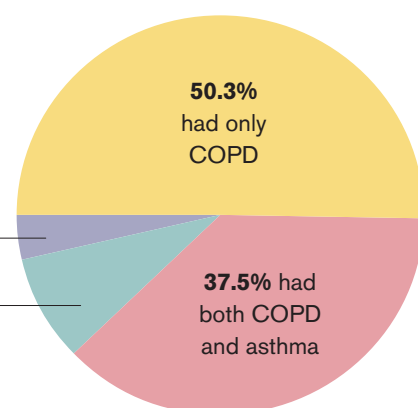
The majority of LAMA products prescribed are provincially funded

Over 80% of prescriptions for LAMAs dispensed in Ontario are paid through the Ontario Public Drug Program (OPDP).

112,649 COPD patients received provincially funded LAMAs in 2012.

BREAKDOWN OF LAMA USERS IN ONTARIO BY DIAGNOSIS (FOR FISCAL YEAR 2012).

3.6% had only asthma
 8.6% had no indication of COPD or asthma



What Do We Recommend?

We recommend moving LAMAs to Limited Use for all products

This option may be considered more “restrictive” than the current general benefit listing. However it may help guide physicians to appropriately prescribe these medications for COPD, and the potential impact of moving the products to Limited Use on patient access is minimal.

OR

Keeping LAMAs under the General Benefit listing

As they are currently listed under General Benefit there would be no additional impact. All who need them would have access, however the lack of clinical criteria may result in increased use for LAMAs for non-COPD indications.