What makes Prescribers Switch to Fixed-Dose Combination Therapy for Japanese Hypertensive Patients? 184 [263]

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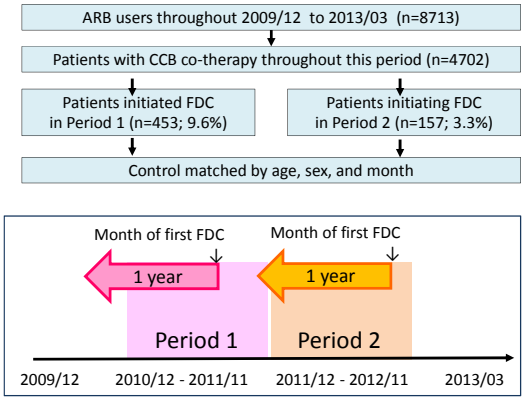
Background

Angiotensin receptor blocker (ARB)-based fixed-dose combination (FDC) drugs with calcium channel blockers (CCB) was first marketed in 2010 in Japan. Since then, cost saving effects and deregulation on prescription-terms may have attributed to the preference to FDC drugs, but there are patients who still use separate forms.

Objective

In this study we aimed to investigate what factors impact the switching from co-therapy to FDCs, such as economic impact of the patients' monthly drug cost, deregulation of prescription-terms, as well as other patient attributes.

Methods



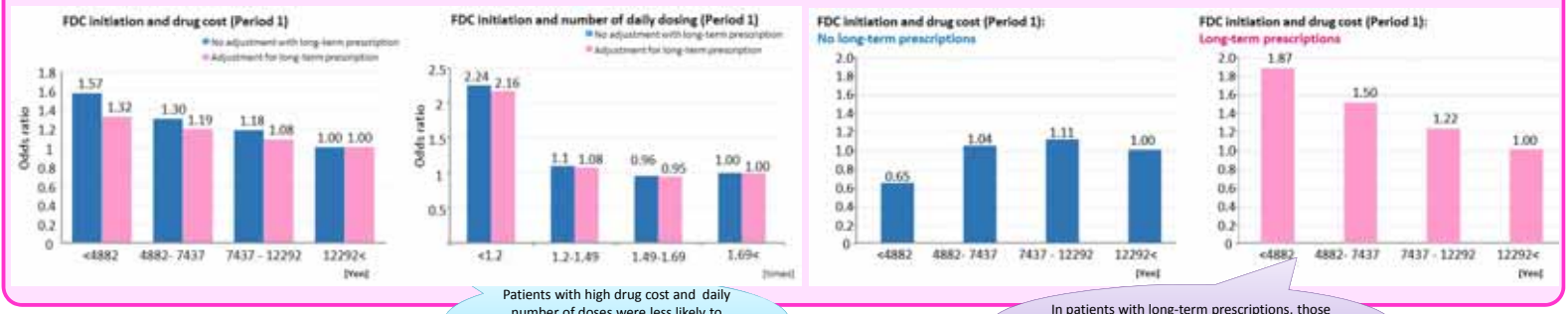
Claims data from 44 community pharmacies located in Tokyo (Nihon Chozai Pharmacies) were used to identify 8713 chronic ARB users from 2009/12 to 2013/03, of which 4702 patients were under chronic ARB/CCB co-treatment throughout this period.

Claims data were collected 1 year prior to the FDC-initiated month of patients using FDC for the first time in Period 1 (2010/12-2011/11), which is immediately after the deregulation of prescription-terms, and Period 2 (2011/12-2012/11). Control group was matched using age, sex, and month. Data were compared for the following hypothesis:

- In Period 1, factors other than drug cost and complexity of dosing would affect FDC initiation, where in Period 2, drug cost and dose complexity would affect FDC initiation. The number of daily dosing was used as a surrogate for dose complexity.

Results

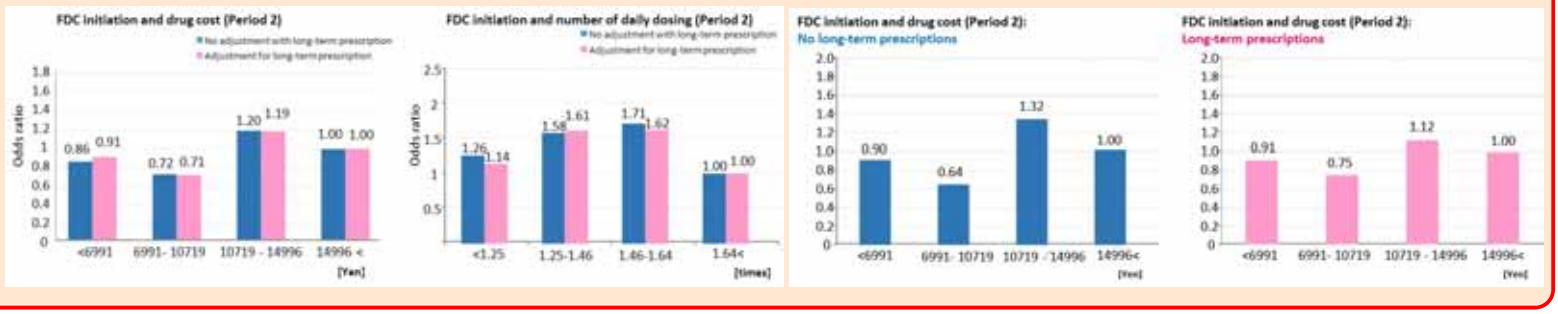
Period 1 (2010/12-2011/11)



Patients with high drug cost and daily number of doses were less likely to initiate FDC ($p<0.05$), contrary to our hypothesis

In patients with long-term prescriptions, those whose drug cost were lower were more likely to initiate FDC

Period 2 (2011/12-2012/11)



Conclusion

In accord to our hypothesis, initiation of FDC in Period 1 , factors other than drug cost and dose complexity were related with FDC initiation. Initiation in Period 2 was related more with dose complexity and drug cost. Stratification by long-term prescriptions in Period 1 showed that patients with low drug cost were more likely to initiate FDC. Further analysis is needed.

Acknowledgements

Katsushi Fukuoka is an employee of Nihon Chozai. All other authors have no conflicts to declare. This project was partially funded by the Japanese Society of Applied Therapeutics.