

Policy Statement on Drug Access for COPD Patients

The COPD Foundation is the national not-for-profit organization solely dedicated to representing individuals with COPD in the United States. COPD Foundation Medical and Scientific Advisory Council (MASAC) members include the top COPD clinicians and researchers in the world. In addition, the opinions expressed in this statement reflect the current U.S. and worldwide guidelines regarding the management of COPD.

The NIH and CDC estimate that 15 million adults have diagnosed COPD¹ and another 12 million are undiagnosed or are developing COPD². The economic and quality of life related burdens caused by COPD are severe, with costs projected to exceed \$49.9 billion for 2010. COPD directly causes over 800,000 hospitalizations per year and AHRQ estimates that 1 out of 5 individuals over the age of 40 currently in the hospital, has a diagnosis of COPD³. Acute COPD exacerbations adversely impact patients' health status and quality of life and place severe burden on caregivers and the healthcare system. COPD is a highly individualized disease, often requiring multiple attempts to identifying the appropriate therapy regimen.

The COPD Foundation strongly supports access to all therapies used to treat and manage chronic obstructive pulmonary disease. We recognize that the payer industry uses many tools to help manage the cost of these therapies and acknowledges that practices such as tiered benefit designs, step therapy requirements and generic preferences are well established and unlikely to go away. However, it is important to note that these restrictive practices often place financial and administrative burdens on individuals, which limits the ability to access treatment. Studies have shown that access restrictions may result in increased nonadherence, especially in lower income patient populations⁴ such as those most at risk for having COPD. Additionally, studies have demonstrated significant associations between adherence to inhaled medication and reduced risk of death and hospital admission due to COPD exacerbations.^{5,9}

We encourage payers and employers to consider the individual needs of their COPD members when designing drug benefits so that optimal treatment is not made unaffordable through burdensome administrative and financial access limitations.

Specifically, the COPD Foundation is very concerned about the growing practice of limiting formularies to one specific brand drug based on economic incentives to the payer. This practice denies our patients access to potentially effective treatment and is unacceptable.

Comprehensive pharmacologic management of COPD reduces symptoms, reduces frequency and severity of exacerbations and improves the health status and exercise tolerance for patients. There are multiple classes of drugs used to treat the disease and many times multiple attempts must be made at identifying effective treatments. Frequently multiple products are required to successfully manage a patient's

symptoms.^{8,9} Trying and finding the correct drugs for a specific patient requires that the physician and patient have access to all drugs in a category. Limiting the choice through formulary exclusion robs our community of the opportunity to benefit from the right drug for the right patient.

The COPD Foundation strongly condemns practices which limit treatment options and which are based upon economic considerations and not quality and effectiveness. These practices run counter to clinical recommendations that patients who have achieved stable disease control remain on their current inhaler regimen rather than switching⁶ as studies have showed that switching devices can create unintended health consequences for patients.⁷ We encourage all payers who are considering or have adopted this approach to reconsider. The COPD Foundation offers our assistance to any organization wishing to discuss this issue and the implications to COPD care.

References

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