Title: THERAPY SATISFACTION AND DISEASE CONTROL AFTER A FORCED FORMULARY SWITCH IN INHALED RESPIRATORY MEDICATIONS FOR ASTHMA AND COPD PATIENTS

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Background: Patient experiences with inhaler training, disease control, and device/medication satisfaction after a Medicare Part D formulary block requiring an ICS/LABA therapy switch are not well understood.

Study Objective: To characterize experiences of adult US patients with asthma or COPD using an alternate BID or QD DPI ICS/LABA for ≥3 weeks after insurance required a change from budesonide/formoterol pMDI.

Methods: Prospective survey study. Asthma Control Questionnaire (ACQ-6) and COPD Assessment Test (CAT) measured disease control. Patient Satisfaction and Preference Questionnaire (PASAPQ) evaluated device satisfaction. Patients also answered questions on new device training and treatment satisfaction.

Results: 50 asthma and 50 COPD patients completed the survey; 53 switched to BID DPI ICS/LABA, 47 to QD DPI ICS/LABA. Median time from switch to survey date was 7 months. Overall, 58% reported their provider demonstrated inhaler technique; 46% were instructed on and observed using the new device. Mean (SD) ACQ-6 score was 1.78 (0.89), (*P*=0.71 BID vs QD DPI); 62% had ACQ-6 ≥1.5 (not well controlled) and 26% scored >0.75 to <1.5 (borderline control). Mean CAT score was 21.9 (7.1); 98% had CAT ≥10 (medium-to-high symptom impact), and 56% had CAT >20 (high/very high impact). PASAPQ satisfaction scores were 6.2 for asthma (scored 1-7, higher scores=greater satisfaction). Most patients (68-70%) reported rescue medication use >2 puffs on most days. Despite poor disease control, 66% of asthma patients were very or extremely satisfied with the new medication's ability to treat their disease.

Conclusions: Medicare Part D patients using a new ICS/LABA for ~7 months following a forced switch who had training on inhaler technique reported being satisfied with their new medication; however, their obstructive lung disease was not well controlled. Patients on BID DPI ICS/LABA were equally not well controlled but as satisfied with their new therapy as those on QD DPI.

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