A Comparison of Short-acting β-Agonist Utilization among Fluticasone/Salmeterol versus Mometasone/Formoterol Users with Moderate Persistent Asthma

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BACKGROUND

- Per CDC, 7.7% of US adults (18 and older) have asthma
- Asthma is a chronic, inflammatory condition affecting the lungs, associated with airway narrowing and difficulty breathing
- Controller inhalers like fluticasone/salmeterol and mometasone/formoterol are used to manage everyday asthma symptoms
- Short-acting β-agonist (SABA) inhalers are used for quick relief of asthma symptoms
- Generally, the more controlled the asthma, the less frequent the SABA use.

OBJECTIVE

- Compare the SABA refill histories of fluticasone/salmeterol and mometasone/formoterol utilizers

METHODS

- Exclusion criteria: Switched therapy between mometasone/formoterol and fluticasone/salmeterol during study period, ≥ 1 claim for antidepressant or anti-anxiety medication or nitroglycerin, ≥ 1 claim for F41.0, F41.1, F41.3, F41.8, F41.9 (anxiety disorders), J44.9 (asthma with COPD), J44.1 (COPD), or I20 (angina pectoris), ISO codes (heart failure)
- Independent variables: age and gender
- Dependent variable: SABA utilization. SABA days of supply calculated from pharmacy claims refill history was used as a proxy of SABA use. The SABA inhalers listed in Table 2 and their associated generics were included in the study.

RESULTS

- Baseline characteristics between the two groups are similar
- The mometasone/formoterol group refilled a statistically significantly lower average SABA days of supply

CONCLUSION

- Results suggest that mometasone/formoterol is more effective at controlling asthma symptoms than its counterpart
- More studies are needed to determine the clinical significance of the differences in SABA refill histories between the two groups.