

# NEW MEDICINES FOR THE TREATMENT OF DIABETES IN BELGIUM

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## Content

Since 2001 new antidiabetic medicines did appear : impact on consumption and expenses is analysed. In order to show the context in which this happened and the impact on the existing medicines for the treatment of diabetic patients, the evolutions represented start three years before the arrival of the new medicines, in 1998.

## Source of the data

Ifstat, the database of the IPhEB is powered by the monthly data used by the invoicing offices (OT) in order to obtain, for their affiliated pharmacies, reimbursement for the pharmaceutical supplies that they have delivered to the beneficiaries of the compulsory health insurance in Belgium. The completeness of the collection is measured by the ratio between the insurance cost calculated annually within Ifstat and the INAMI expenses in accounting documents. Since 2003 this exhaustivity amounts to about 93%. Complete and verified data are available eight weeks after the dispensing month. In 2008 the small risks (which include the cost of medicines) were included in the compulsory health insurance, which explains partly the jumps in 2008.

## Preliminaries and legend

Consumption is measured in DDD. The expenses are the cost of the insurance (CI) since antidiabetic medicines are (almost) entirely reimbursed.

The ATC classes represented in the charts are listed below with their representing colours.

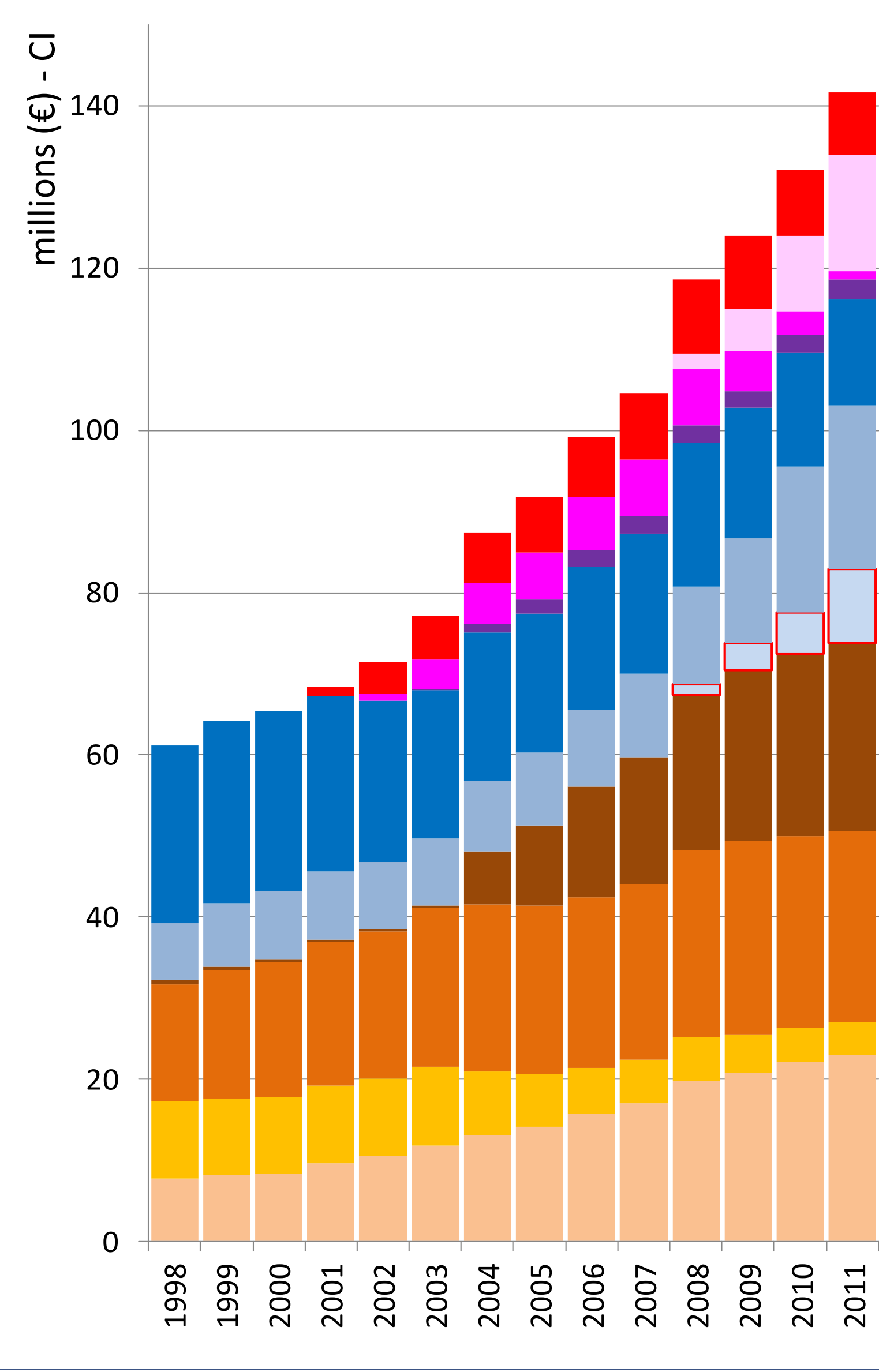
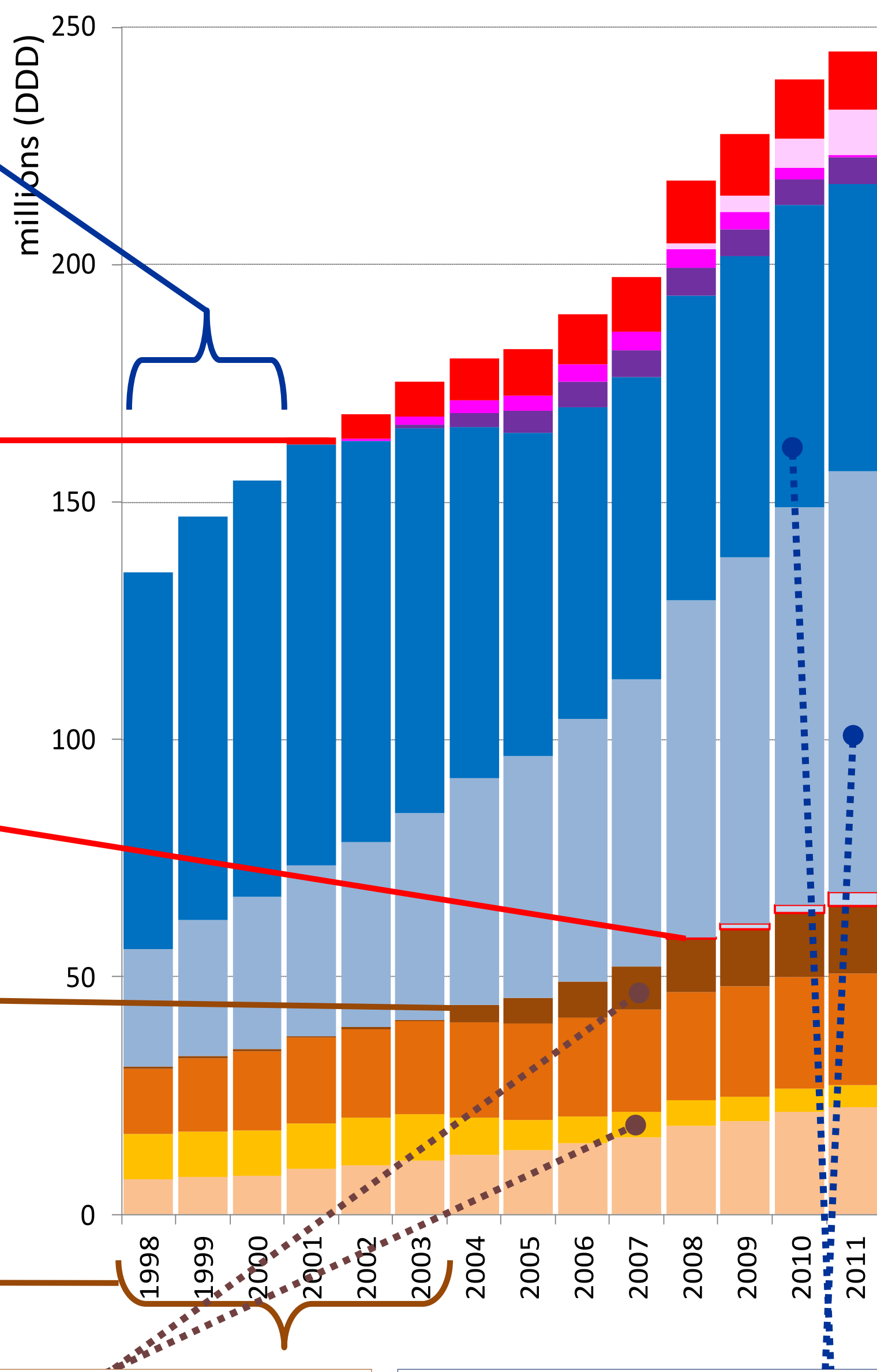
... 2000: the only oral antidiabetic medicines are metformin and sulfonylureas

2001: first oral antidiabetic medicine other than metformin or sulfonylureas : exenatide, followed later by glitazones (A10BG), glinides (A10BH) and also of combinations these new medicines with the older ones (A10BD)

2008: incretinomimetics arrive : intended to delay the treatment with insulins and therefore represented next to them.

2004: first long acting insulin analogue

... 2003: only fast acting, intermediate acting insulins and combination of both



the newest medicines are much more visible in the expenses than in the consumption

the new medicines are much more expensive per DDD as shown in the table below

- A10 drugs used in diabetes
- A10A insulins and analogues
- A10B blood glucose lowering drugs, excl. Insulins
- A10AB insulins and analogues for injection, fast-acting
- A10AC insulins and analogues for injection, intermediate-acting
- A10AD insulins and analogues for injection, intermed.-acting comb. with fast acting
- A10AE insulins and analogues for injection, long-acting
- A10BX(1) other blood glucose lowering drugs, excl. insulins (incretinomimetics)
- A10BA biguanides
- A10BB sulfonamides, urea derivatives
- A10BD combination of oral blood glucose lowering drugs
- A10BG thiazolidinediones
- A10BH dipeptidyl peptidase 4 (dpp-4) inhibitors
- A10BX(I) other blood glucose lowering drugs, excl. insulins (repaglinide)

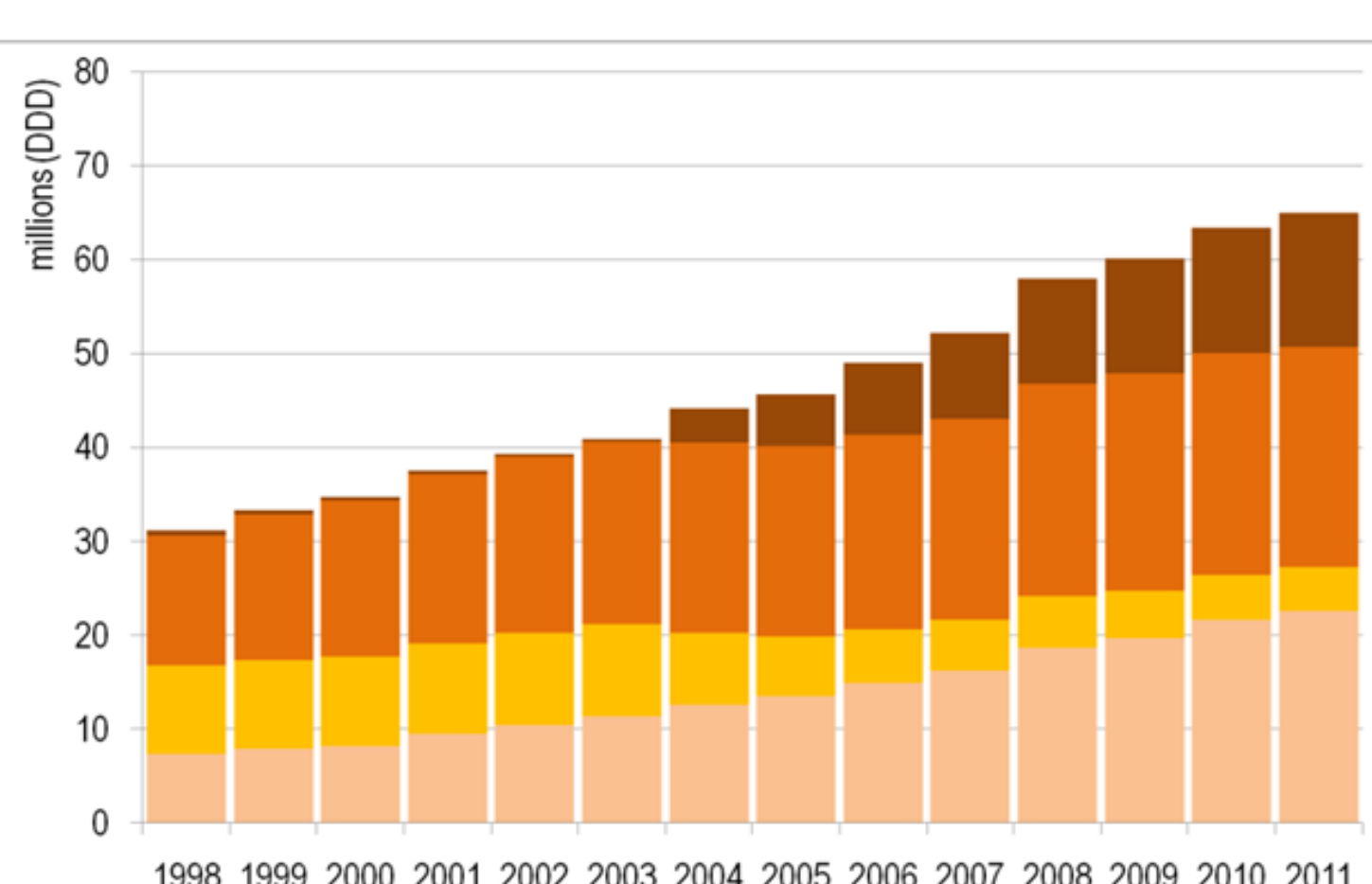
Since the other glucose lowering drugs (A10BX) include differently acting substances, glinides (A10BX(G)) and incretinomimetics (A10BX(I)) are distinguished.

long acting insulin analogues appear intermediate acting insulins disappear

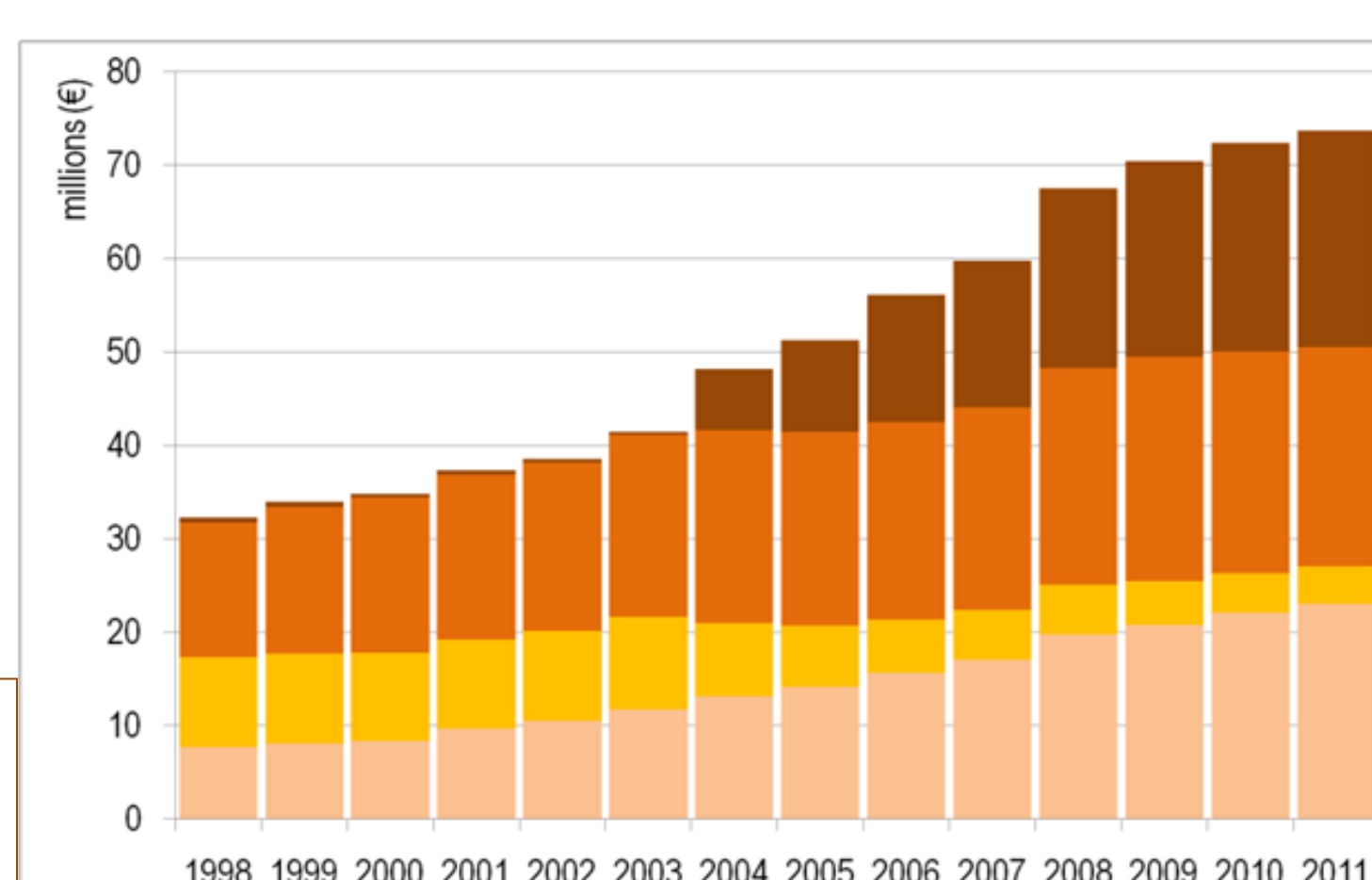
consumption of metformin continues to increase consumption of sulfonylureas decreases after the arrival of new medicines

CI/DDD (€)	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
A10AB_AC_AD	1,03	1,02	1,00	0,99	0,98	1,01	1,03	1,03	1,03	1,02	1,03	1,03	1,00	1,00
"new" A10A							1,76	1,77	1,77	1,71	1,72	1,72	1,67	1,62
A10BA_BB	0,28	0,27	0,26	0,24	0,23	0,21	0,22	0,22	0,22	0,22	0,22	0,21	0,22	0,22
"new" A10B				0,83	0,87	0,94	0,85	0,82	0,81	0,82	0,88	0,92	0,98	1,11

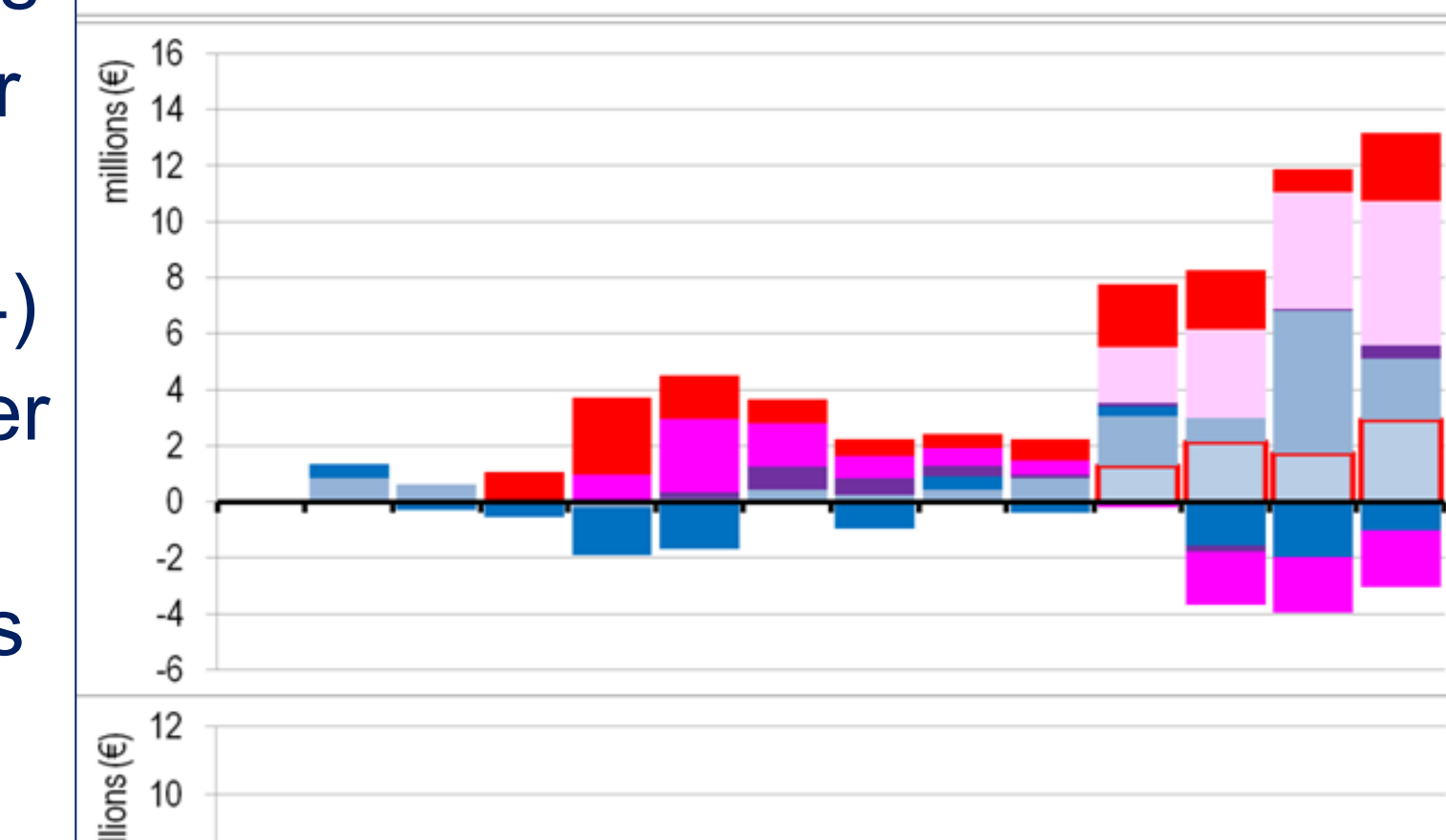
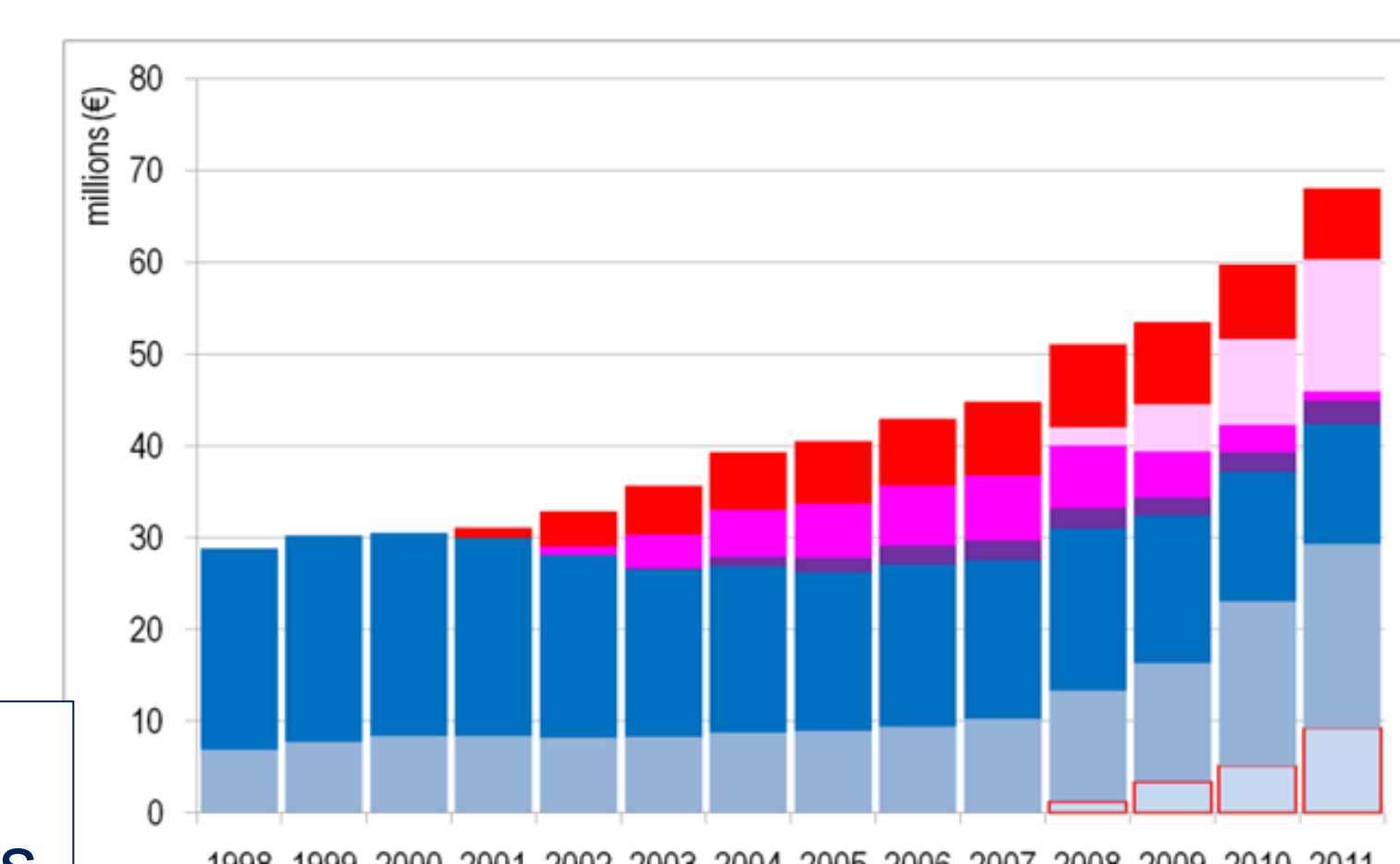
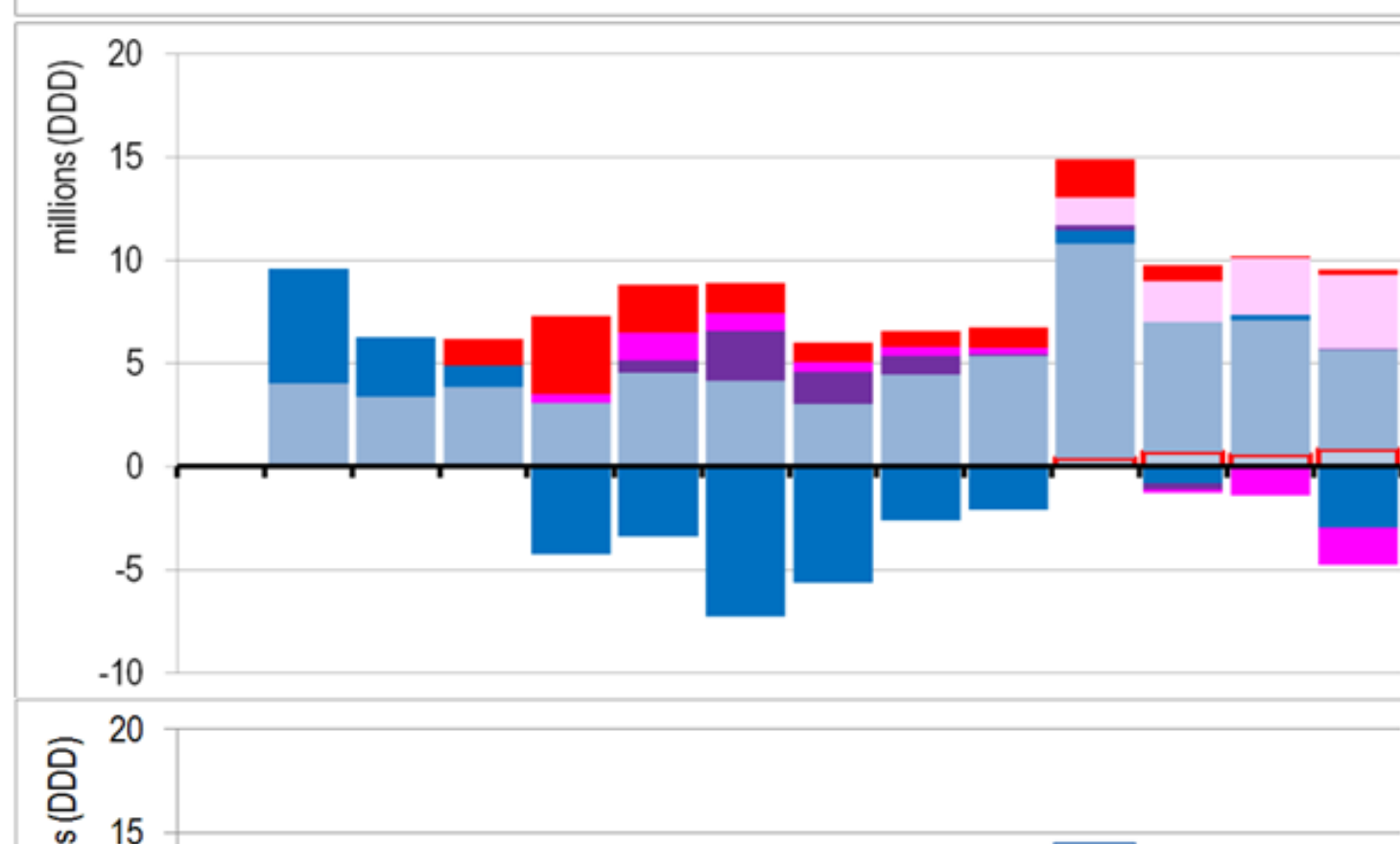
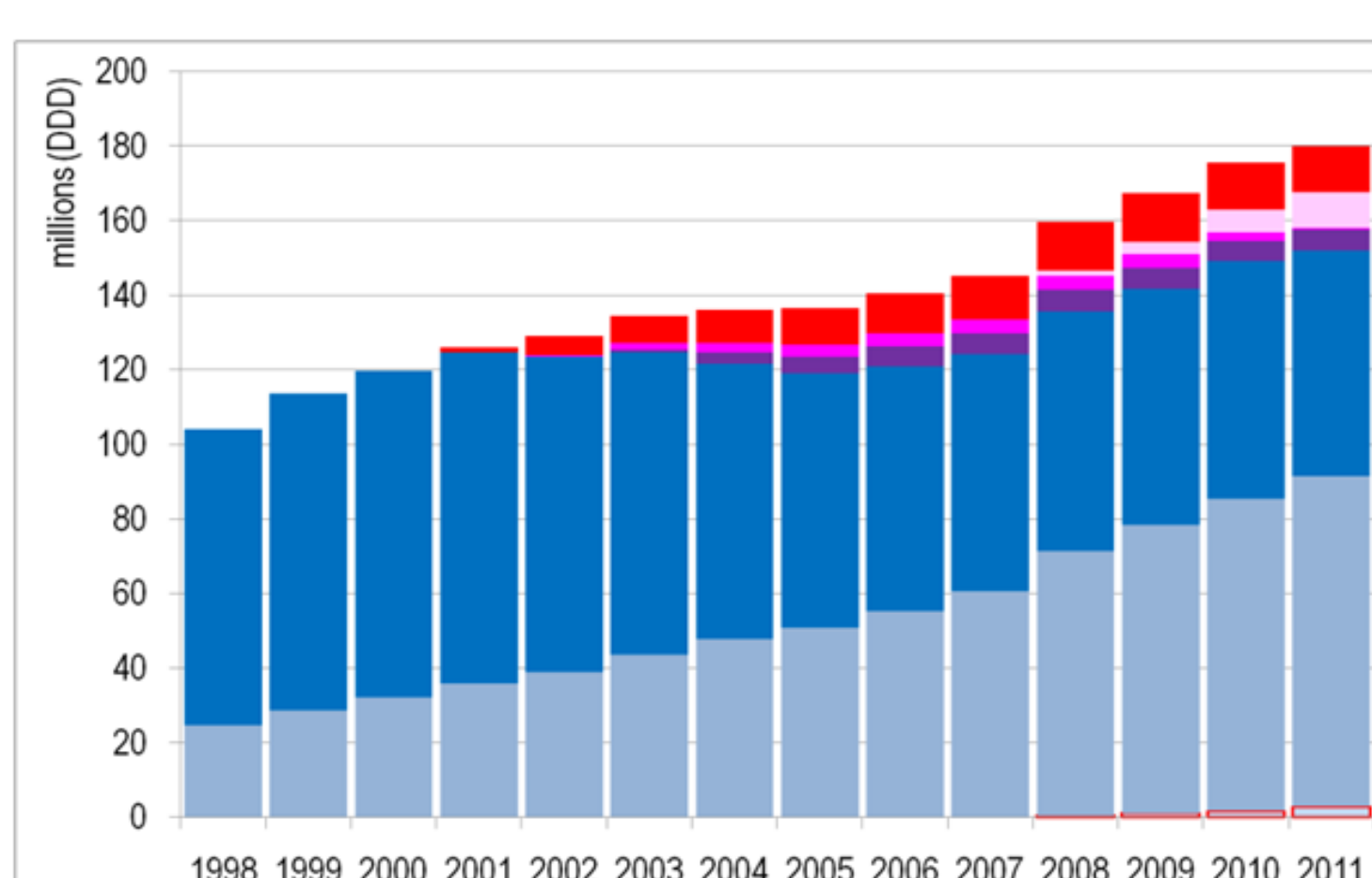
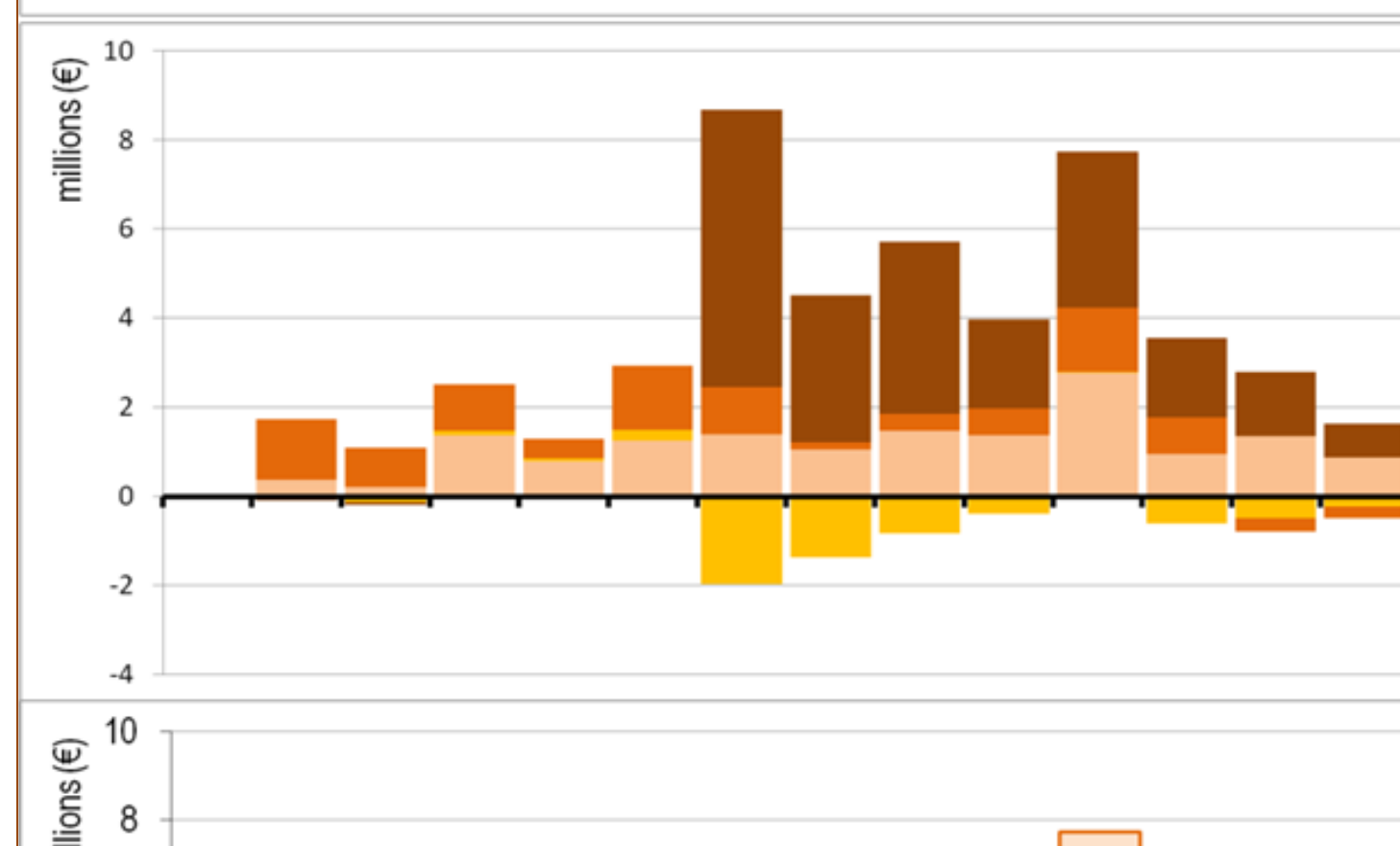
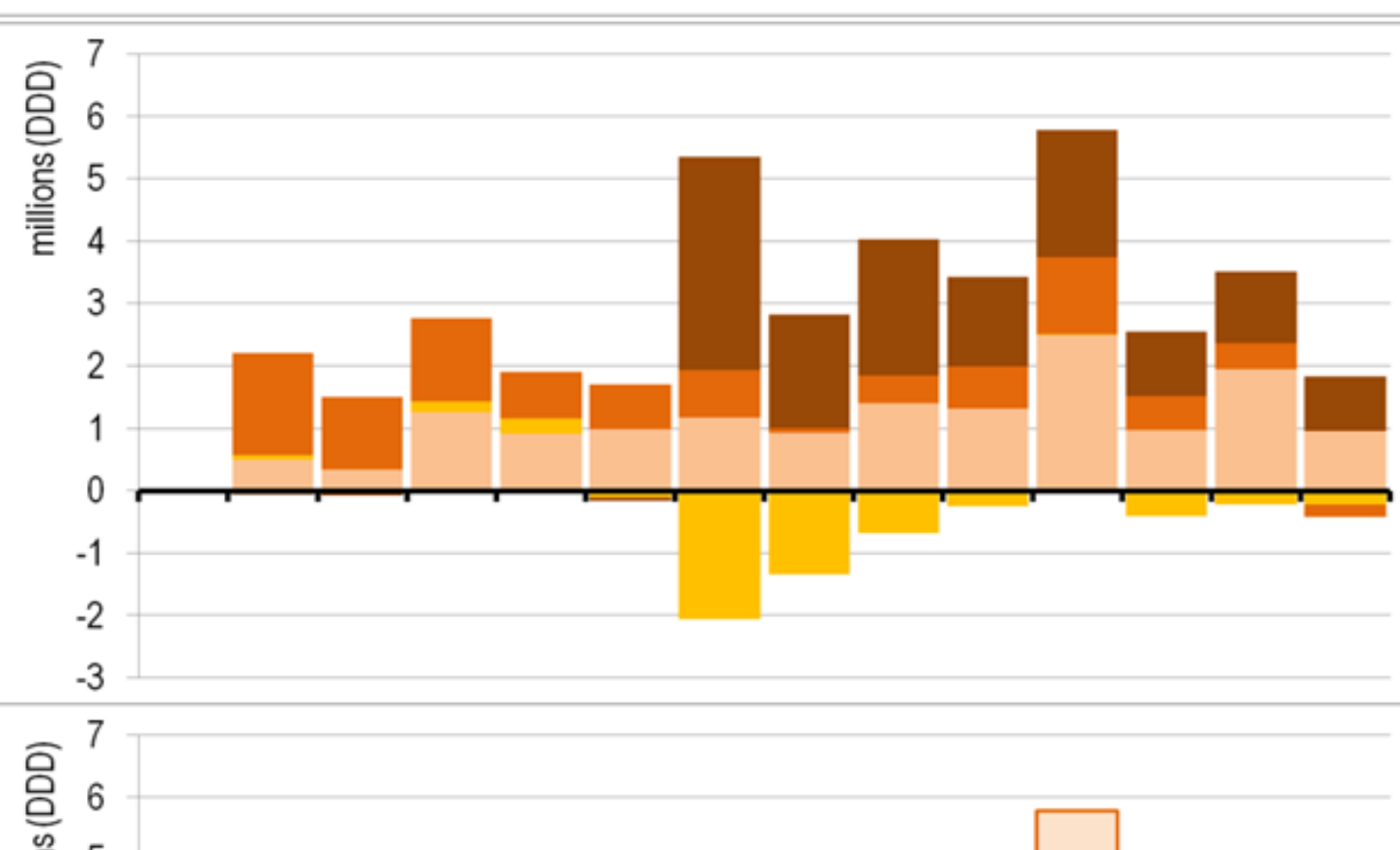
The charts below visualise how the coming of new medicines leads to increasing consumption and expenses of those and to decreasing consumption and expenses of some other ones.



annual differences in DDD or in costs, per ATC(4) within insulins and analogues (A10A)



annual differences in DDD or in costs, per ATC(4) within other diabetic medicines (A10B)



annual differences in DDD or in costs, within insulins and analogues (global)

annual differences in DDD or in costs, within other diabetic medicines (global)