

OP14.2

Reimbursement restriction for proton pump inhibitors in patients with an increased risk of gastric complications

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Background and Aim: Reimbursement of proton pump inhibitors (PPIs) in the Netherlands is restricted since January 2012. Instead of full reimbursement, PPIs are only reimbursed when a patient needs them for a period longer than six months. However, the first prescription is never reimbursed. Health care providers as well as the political arena raised the question whether patients starting with NSAID or aspirin with an increased risk of gastric complications would avoid to start PPI treatment due to the additional cost for preventing a possible future problem.

We evaluated the effects of a reimbursement restriction of PPIs for patients with an increased risk of gastric complications who started using a NSAID or aspirin.

Method: We studied the incidence of PPI use in patients with increased risk of gastric complications who started NSAID/aspirin treatment in the two years before and two years after the introduction of the reimbursement restriction. Data were used from a large population based primary care database. Impact of age and social economic status was taken into account.

Results: The overall use of PPIs in patients with high risk of gastric complications who started NSAID/aspirin increased from 65% in 2010 to 74% between 2011-2013. A decrease of 10% in use of PPIs was found during the first months after the introduction of the new rule(2012). Yet, such a decline was also seen during the years when PPIs were completely reimbursed. After the first months, the percentage of users returned to the usual level even showing a small increase. No differences were found for different age groups or for patients with a high or low social economic status over time.

Conclusion: Reimbursement restriction of PPIs did not decrease PPI use among patients with an increased risk of gastric complications who started with NSAIDs or aspirin.