

# Understanding Clinician Prescribing Patterns for Aerosolized Tobramycin and Dnase

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## The Northern New England Cystic Fibrosis Consortium



The NNECFC is a regional, voluntary consortium of more than 80 clinicians and researchers from the CF care centers in Maine, New Hampshire and Vermont.

The mission of the group is to improve CF care and patient outcomes.

## Goal

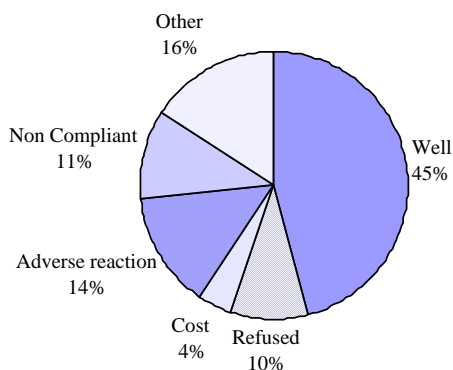
- To evaluate reasons for the differences in annual prescribing rates of aerosolized tobramycin (TOBI) and DNase in the CFF Patient Registry between 1998 and 2002 in Northern New England.
- To evaluate if prescribing patterns match guideline criteria.

## Methods

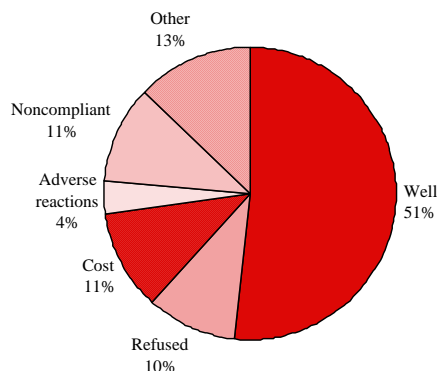
- Dataset consisted of 1151 outpatient visits to 7 adult and pediatric clinics in Maine, New Hampshire, and Vermont.
- Visits represent 382 patients over age 5.
- Encounter-based form listed the CFF guideline criteria for use of TOBI and DNase and included check-off boxes of reasons why or why not prescribed.
- Reasons for use of these medications were assessed for guideline-eligible patients.
- Data are reported in aggregate from NNECFC centers.

## Results

### Why Patients > Age 5 Are NOT on TOBI (PA+ patients)



### Why Patients > Age 5 Are NOT on DNase



- Primary reason for not prescribing both medications was "stable clinical status".
- 65% of eligible patients were prescribed DNase.
- 62% of eligible patients were prescribed TOBI.

### Reasons prescribing TOBI and DNase

Reason	TOBI	DNase
Chronic suppression-1 <sup>st</sup> PA+	65%	3%
PFT decline	9%	24%
Frequent exacerbation	8%	24%
Change in chest x-ray	2%	12%
Chronic cough	10%	33%
Acute illness	2%	3%
Other	1%	1%

### Reasons NOT prescribing TOBI and DNase

Reason	TOBI	DNase
Patient clinically well	45%	51%
Non-compliant	11%	11%
Adverse reaction	14%	4%
Cost	4%	11%
Patient refused	10%	10%
Other	16%	13%

## Conclusions

- Stable clinical status was the primary reason for not prescribing these therapies in guideline-eligible patients.
- Cost, lack of adherence, and patient refusal were not significant.
- TOBI was used primarily for chronic suppression.
- DNase was used primarily for clinical deterioration.
- Lack of compliance with guideline recommendations and clinical trial evidence for preventive use of these medications needs to be further explored.