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Budget Impact Analysis of Single-Inhaler Triple Therapy (SITT) of Budesonide / Glycopyrronium / Formoterol Fumarate Dihydrate for Moderate to Very Severe Patients With COPD in Argentina

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1 BACKGROUND

Chronic obstructive pulmonary disease (COPD) is a common and debilitating chronic disease characterized by airflow limitation and chronic respiratory symptoms such as dyspnea, cough, and sputum production.[1]

In Argentina, more than 2.3 million people have COPD,[2] representing a significant healthcare burden associated with cardiopulmonary events affecting disease course and quality of life.

2 OBJECTIVE

To assess the budget impact of introducing a single-inhaler triple therapy (SITT) of budesonide (ICS), glycopyrronium (LAMA) and formoterol fumarate (LABA) for patients with moderate to very severe COPD in Argentina.

3 METHODS

Budget impact model (BIM) from the perspective of Argentine payers over a three-year time horizon (2026–2028).

Eligible patients: adults >40 years (INDEC 2026).[4] Epidemiology assumptions: prevalence 14.5%, moderate to very severe COPD 61%, eligibility for triple therapy 13%; obtained from a local study and validated by medical experts.

Around 226,503 patients per year were estimated and included in the BIM.

Therapy acquisition costs: ex-factory price (PSL) derived from the public retail price (Kairos, Jun-26). Moderate and severe exacerbation costs based on published local data.[3]

All costs expressed in USD (Jun-2026; 1 USD = 1,410 ARS).

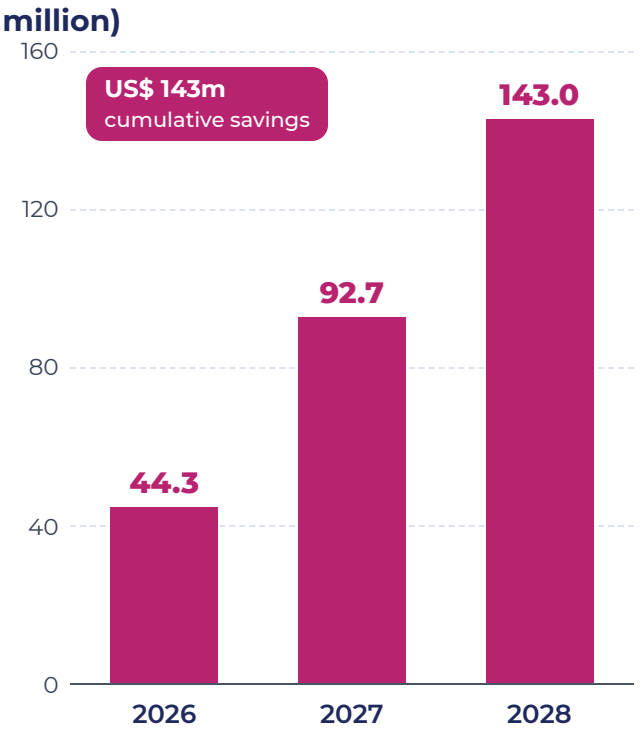
Base case: use of multiple-inhaler triple therapies (MITTs) reduced from 50%/40%/35% to 40%/30%/25% over the three-year horizon.

4 RESULTS

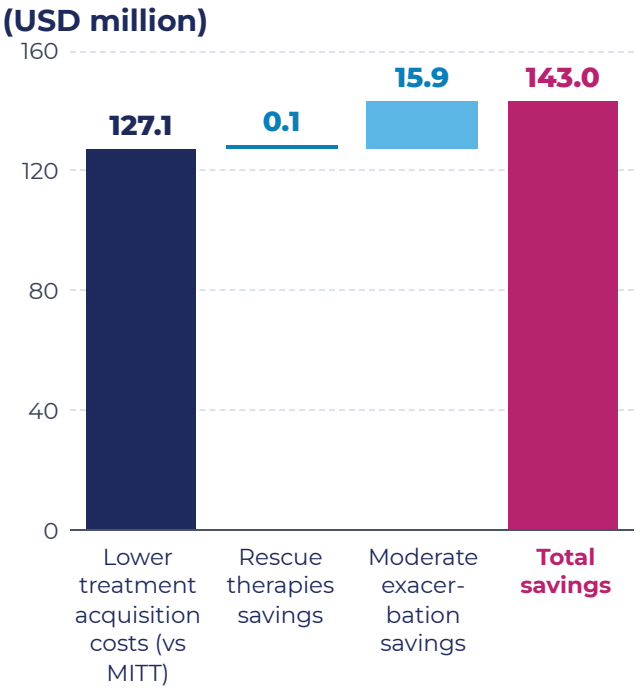
US$ 143 million
cumulative savings over 3 years with SITT

Savings primarily driven by lower treatment acquisition costs vs. MITT (US$ 127.1m)

Cumulative Budget Impact (USD million)



Breakdown of Savings over 3 Years (USD million)



Components may not sum to total due to rounding.

Estimated Eligible Population in Argentina

~226,503
patients per year included in the model

>2.3 million
people with COPD in Argentina[2]

KEY TAKEAWAYS

US$ 143 million cumulative savings over 3 years with SITT (2026–2028).

Mainly driven by lower treatment acquisition costs vs. MITT (US$ 127.1m).

Additional savings from moderate exacerbations (US$ 15.9m) and rescue therapies (US$ 0.1m).

~226,503 eligible patients per year estimated in Argentina.

5 CONCLUSIONS

Single Inhaler Triple Therapy (SITT: ICS/LAMA/LABA) offers cost-savings to a healthcare budget when replacing multiple inhaler triple therapies (MITTs) in Argentina for patients with moderate to very severe COPD.

6 REFERENCES

1. Tamondong-Lachica DR, et al. GOLD 2023 Update: Implications for Clinical Practice. Int J Chron Obstruct Pulmon Dis. 2023;18:745-754.

2. Echazarreta AL, et al. Prevalence of COPD in 6 Urban Clusters in Argentina: The EPOC.AR Study. Arch Bronconeumol (Engl Ed). 2018;54(5):260-269.

3. Pascansky D, Sívori M, Capelli L. EPOC reagudizada hospitalizada: estudio de costos directos en un hospital público de la Ciudad de Buenos Aires. Rev Am Med Respir. 2023;22.

4. INDEC (2026). Estimaciones y proyecciones de población. Total del país. 2022-2040.

7 DISCLOSURES

• Study funded solely by AstraZeneca. No medical writing support was provided.

• Authors with affiliations [2] and [3] are employees of AstraZeneca.

• Authors with affiliation [1] (Hospital Ramos Mejía, Buenos Aires, Argentina) declare no conflicts of interest.

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