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## ANALYSIS OF PRICE CONJUNCTURE AND REIMBURSEMENT OF MEDICINES USED IN THE TREATMENT OF OBSTRUCTIVE AIRWAY DISEASES

**Introduction.** Chronic obstructive respiratory diseases, including chronic obstructive pulmonary disease, bronchial asthma, emphysema, and bronchiectasis, are long-term inflammatory disorders of the airways. In Ukraine, as in other countries, ensuring the economic availability of medicines for the treatment of these diseases is an important priority of national health policy.

**The aim of the study** is to analyze the price conjuncture and reimbursement of medicines used in the treatment of obstructive airway diseases.

**Research Methods.** The study utilized data from the State Register of Medicines of Ukraine, the “Compendium. online” database, the official list of medicines subject to reimbursement under the “Affordable Medicines” program, and information from the online resources “Apteki.ua”, “Tabletki.ua”.

**Results and Discussion.** The analysis showed that for 21 medicines, the price liquidity coefficient was  $\leq 0.15$ , indicating high price stability. Seventy-four medicines had values in the range of 0.16–0.5, while for seven items, the coefficient exceeded 0.5, indicating significant price fluctuations.

The solvency adequacy coefficient for 11 medicines exceeded the threshold of 0.5. Zafiron had the highest solvency adequacy coefficient – 1.72.

The affordability coefficient exceeded 0.99 for 13 medicines, most of which were domestically produced (e.g., Eufillin, Theopek), confirming better affordability of Ukrainian drugs compared to imported analogues.

As of September 10, 2025, the updated list of medicines included in the “Affordable Medicines” reimbursement program for the treatment of obstructive airway diseases includes seven international nonproprietary names: beclometasone, budesonide, ipratropium bromide, salbutamol, tiotropium bromide, salmeterol with fluticasone, formoterol with budesonide.

**Conclusions.** The study identified and analyzed key indicators: the price liquidity coefficient, the affordability coefficient, and the solvency adequacy coefficient. The results indicate that certain medicines included in the reimbursement program and manufactured in Ukraine are economically accessible to patients. At the same time, other medicines – especially imported combinations – remain financially less accessible for a significant portion of the population.

**KEY WORDS:** obstructive airway diseases; price conjuncture; “Affordable Medicines” program; reimbursement of medicines.

**INTRODUCTION.** Chronic obstructive respiratory diseases, including chronic obstructive pulmonary disease (COPD), bronchial asthma, emphysema, and bronchiectasis, are longlasting inflammatory disorders of the airways. Among them, COPD and bronchial asthma stand out as leading causes of illness and death worldwide, generating substantial and steadily increasing healthcare costs. Over the past decades, these conditions have become a major global public health challenge. Evidence shows that COPD is among the top causes of mortality in many countries, while asthma affects between 1 %

and 18 % of the population across different nations [1; 2].

According to recent projections, demographic factors such as an aging population and rapid urbanization are expected to contribute to a rise in the absolute number of COPD cases globally. The number of affected individuals may increase by approximately 23 %, potentially reaching 600 million, with a heavier burden observed among women and people in low- and middle-income countries. Interestingly, while the total number of cases may increase, some forecasts suggest a slight decrease in overall prevalence – from 10.6 % in 2020 to 9.5 % by 2050 – potentially due to improvements in environmental conditions, modernization, and public health initiatives [3; 4].

In the context of state pharmaceutical policy aimed at improving access to essential medicines, particular attention should be paid to the pricing landscape and reimbursement status of drugs used in the treatment of obstructive airway diseases. Considering the chronic nature of these conditions and the need for long-term pharmacotherapy, the economic affordability of medicines becomes a critical factor in ensuring treatment continuity and effectiveness.

Therefore, further analysis is focused on the price conjuncture and reimbursement coverage of relevant pharmaceutical products, which allows for evaluating their market accessibility and the extent to which state support mechanisms, such as the “Affordable Medicines” program, contribute to relieving the financial burden for patients with chronic respiratory disorders.

The aim of the study is to analyze the price conjuncture and reimbursement of medicines used in the treatment of obstructive airway diseases.

**RESEARCH METHODS.** The objects of the study were the State register of medicines of Ukraine (State register of medicines of Ukraine, <http://www.drlz.com.ua>), the directory of medicines Compendium online, the ATC-classification (group R03 – drugs for obstructive airway diseases) [5; 6], the list of medicines whose cost is subject to reimbursement [7], online resources for searching drugs in Ukrainian such as “Apteki.ua” and “Tabletki.ua” [8; 9].

The study used the following methods: mathematical-statistical, logical generalization, and graphical methods. The obtained data were systematized and presented in diagrams with explanations and conclusions.

**RESULTS AND DISCUSSION.** Price, as one of the key elements of the pharmaceutical marketing mix, plays a crucial role not only in generating revenue from the sale of medicines

but also in providing manufacturers with insights into the actual demand for pharmaceutical products and offering consumers an indicator of their availability and the potential to meet their pharmacotherapeutic needs. Among the core indicators that reflect market conditions – particularly on the supply side – are the assortment of medicines and price dynamics.

The liquidity coefficient in April 2025 was  $\leq 0.15$  for 21 pharmaceutical product items (PPIs) and ranged from 0.16 to 0.5 for 74 PPIs. Price fluctuations exceeding 50 % were observed for 7 PPIs of medicines used in the treatment of obstructive airway diseases (Fig. 1).

A high value of the price liquidity coefficient indicates considerable price variability in the pharmaceutical market. Such price inconsistency may suggest non-competitive pricing strategies, or market instability, making it difficult to forecast costs for both consumers and healthcare institutions.

In contrast, a low value of this coefficient ( $\leq 0.15$ ) reflects a more homogeneous market, where medicine prices are more stable and predictable (Fig. 2). This stability may indicate effective market mechanisms, including sufficient competition, reliable supplier presence, or state-regulated pricing.

Analysis of the medicines presented in Figure 2 shows that many items have extremely low liquidity coefficients – for instance, Budesonide Easyhaler demonstrates a value of 0.004, indicating virtually uniform pricing. This may be a result of centralized procurement, reimbursement based on fixed prices, or pricing monopolies set by individual manufacturers.

To assess the impact of patients' purchasing power on the demand for medicines used in the treatment of obstructive airway diseases, it is important to calculate a specific indicator known as the solvency adequacy coefficient.

In April 2025, for 11 PPIs (Fig. 3) used in the treatment of obstructive airway diseases,

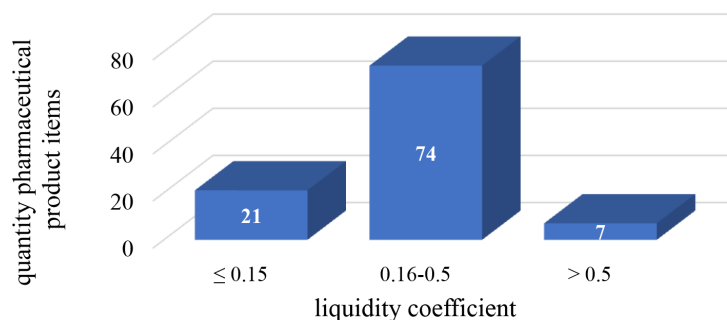


Fig. 1. Diagram of the distribution of price liquidity coefficients of medicines used in the treatment of obstructive airway diseases

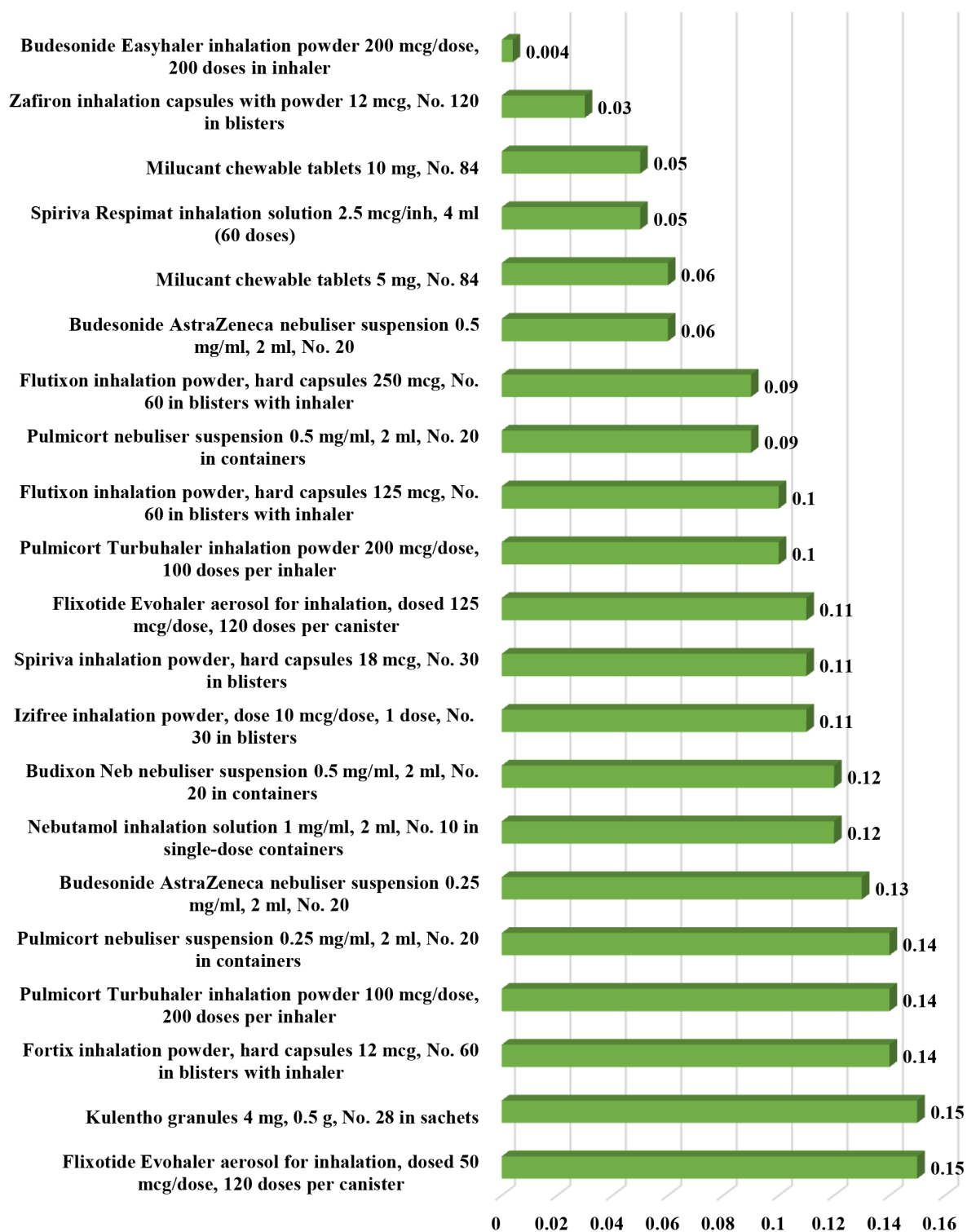


Fig. 2. Diagram of the liquidity coefficients of medicines used in the treatment of obstructive airway diseases ( $\leq 0.15$ )

the affordability adequacy coefficient exceeded 0.5. In contrast, for the remaining medicines, this indicator did not surpass the specified threshold.

A high affordability adequacy coefficient for medicines used in the treatment of obstructive

airway diseases indicates a decrease in the population's purchasing power or a shift in market conditions. Overall, an increase in the proportion of medicines with a high affordability adequacy coefficient signals a deterioration in their accessibility for the population, which may

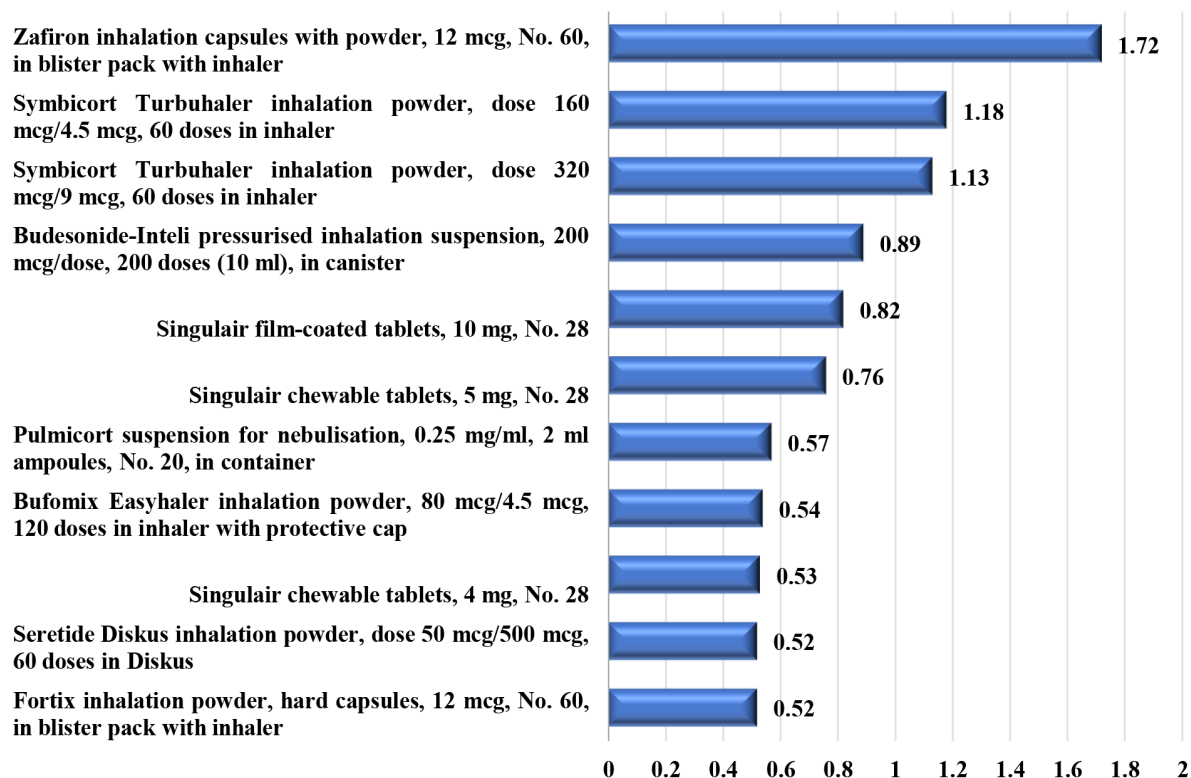


Fig. 3. Diagram of the solvency adequacy coefficient of medicines used in the treatment of obstructive airway diseases (> 0.5)

negatively affect demand and the overall health status of patients.

According to the data shown in Figure 3, Zafiron inhalation capsules had the highest affordability adequacy coefficient (1.72), followed by Symbicort Turbuhaler powder in two dosages – 160 mcg/4.5 mcg (1.18) and 320 mcg/9 mcg (1.13). These medicines may be particularly burdensome for patients financially. Other medicines such as Budesonide-Inteli (0.89), Singulair film-coated tablets, 10 mg (0.82), and both Singulair chewable tablets (5 mg – 0.76; 4 mg – 0.53) also exhibited elevated values. Even nebuliser formulations like Pulmicort suspension and Bufomix Easyhaler surpassed the 0.5 threshold, indicating challenges in affordability. The lowest among this group (but still above 0.5) were Seretide Diskus and Fortix inhalation powder (both at 0.52).

This analysis underscores the necessity to reassess pricing policies and consider expanding reimbursement programs to enhance access to essential respiratory therapies.

The affordability adequacy coefficient indicates the accessibility of medicines. The higher the coefficient, the more affordable the medicine is for the patient.

In April 2025, the affordability coefficient exceeded 0.99 for 13 pharmaceutical product

items (PPIs) used in the treatment of obstructive airway diseases, indicating a high level of accessibility of these medicines for the population (Fig. 4). These included Eufillin-N 200, Eufillin-Zdorovye, Eufillin-Darnitsa, Eufillin, Theofedrine IC, Teopek, Neophyllin, Salbutamol, Salbutamol-Neo, Salbutamol-Inteli, and Ventolin Evohaler.

The remaining medicines had slightly lower affordability coefficients, specifically: 0.92 for 2 PPIs, 0.94 for 3 PPIs, 0.95 for 9 PPIs, 0.96 for 18 PPIs, 0.97 for 27 PPIs, and 0.98 for 30 PPIs. This distribution demonstrates that a significant proportion of medicines remains highly accessible, although even minor decreases in the affordability coefficient may reflect gradual changes in price dynamics or purchasing power.

It is important to note that domestically produced medicines demonstrate higher accessibility coefficients compared to imported analogues. This suggests a significant economic advantage of Ukrainian pharmaceutical products, which enhances the opportunities for effective treatment among the population and supports broader access to essential pharmacotherapy under current socioeconomic conditions.

According to the “Affordable Medicines” program, reimbursement covers the cost of

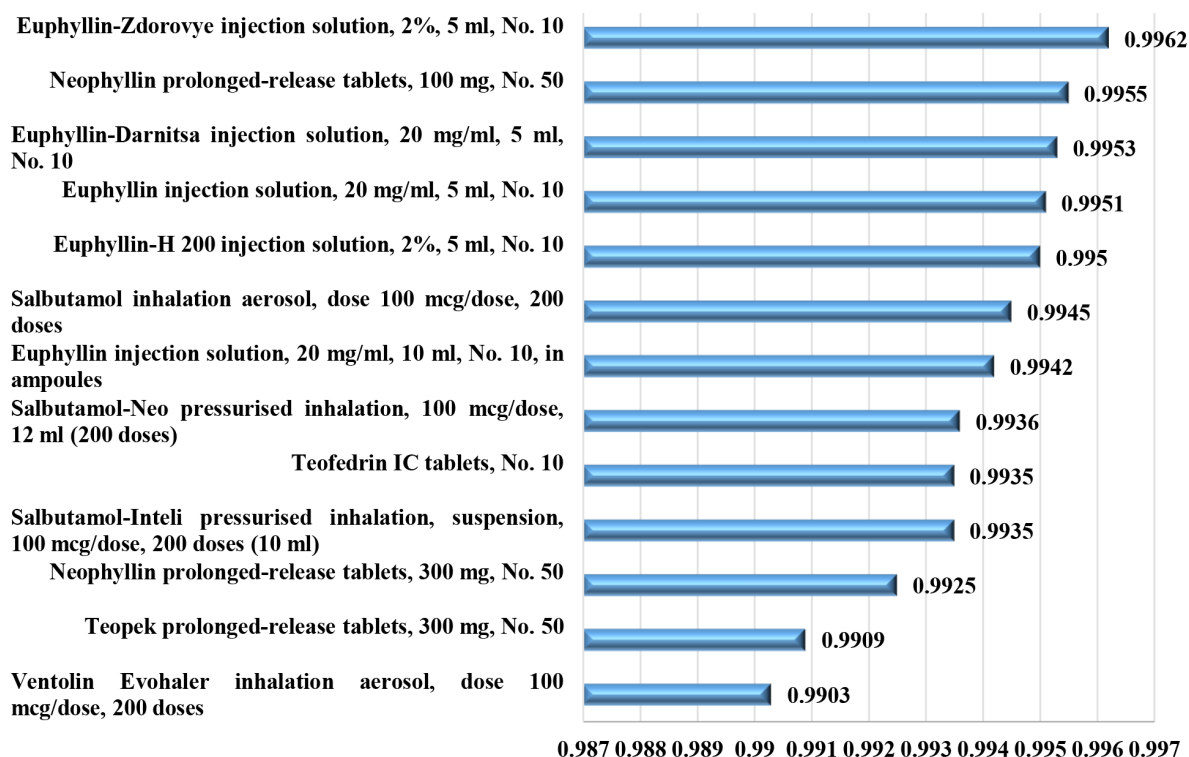


Fig. 4. Diagram of affordability adequacy coefficients of medicines used in the treatment of obstructive airway diseases exceeding 0.99

medicines or provides partial reimbursement for patients. The reimbursement within this program helps reduce the financial burden on patients by providing them access to essential medicines. This is especially important for individuals who require ongoing medication, such as patients with asthma and COPD, as the program helps them obtain life-saving medicines without significant treatment costs.

Starting from September 10, 2025, the Ministry of Health of Ukraine updated the list of medicines reimbursed under the state medical service guarantee program, in accordance with the Order of the Ministry of Health of Ukraine No. 1409 "On Approval of the Lists of Medicines and Medical Devices Eligible for Reimbursement under the State Medical Service Guarantee Program, as of August 28, 2025" [10].

Among the medicines used in the treatment of obstructive airway diseases within the framework of the "Affordable Medicines" program, medicines with the International nonproprietary names Beclometasone, Budesonide, Ipratropium bromide, Salbutamol, Tiotropium bromide, Salmeterol and Fluticasone, Formoterol and Budesonide are dispensed (Table 1).

Compared to the previous register, the new list of trade names under the international nonproprietary name Salbutamol includes one additional trade name – Salbutamol-Inteli [11].

These medicines (Table 1) are commonly used in the treatment of obstructive airway diseases, such as asthma and COPD, and may be dispensed within the framework of the "Affordable Medicines" program either for free or with a co-payment for patients.

Table 1 – Medicines used in the treatment of obstructive respiratory diseases and dispensed within the framework of the "Affordable Medicines" program

International nonproprietary name	Trade name	Dosage form	Dosage	Country of manufacture	Co-payment amount for the consumer packaging, UAH
1	2	3	4	5	6
Beclometasone	Beclazone-Eco	Inhalation aerosol	0.1	Ireland	179.81
	Beclazone-Eco	Inhalation aerosol	0.25	Ireland	0.00
	Beklofort™ Evohaler™	Inhalation aerosol	0.25	France	83.19



1	2	3	4	5	6
Budesonide	Pulmicort Turbuhaler	Inhalation powder	0.1	Sweden	118.28
	Pulmicort Turbuhaler	Inhalation powder	0.2	Sweden	118.28
	Budesonide Inhaler	Inhalation powder	0.2	Finland	37.21
	Budesonid-Inteli	pressurized inhalation, suspension	0.2	Spain	0.00
	Budesonid-Inteli Neb	suspension for nebulization	0.25	Italy	159.47
	Budesonid-Teva	suspension for nebulization	0.25	UK	296.11
	Nebulomax	suspension for nebulization	0.25	Ukraine	175.41
	Benodil	suspension for nebulization	0.5	Italy	180.28
	Budesonid Astrazeneca	suspension for nebulization	0.5	Sweden	0.00
	Budesonid-Inteli Neb	suspension for nebulization	0.5	Italy	0.00
	Budesonid-Teva	suspension for nebulization	0.5	UK	44.25
	Budicon NEB	suspension for nebulization	0.5	Italy	350.82
	Nebulomax	suspension for nebulization	0.5	Ukraine	0.00
	Pulmicort	suspension for nebulization	0.5	Sweden	531.57
Ipratropium bromide	FREEWAY®	inhalation solution	0.25	Ukraine	0.00
Salbutamol	Salbutamol	aerosol for inhalation	0.1	France	18.44
	Salbutamol-Neo	aerosol for inhalation	0.1	Ukraine	0.00
	Salbutamol-Inteli	pressurized inhalation suspension	0.1	Spain	104.89
Tiotropium bromide	Spiriva®	inhalation powder, dosed capsules	18	Germany	0.00
	EasyFree®	inhalation powder, dosed capsules	10	India	0.00
Salmeterol + Fluticasone	Seretide Diskus™	Inhalation powder, metered-dose	50 mcg / 100 mcg	France	0.00
	Seretide Diskus™	Inhalation powder, metered-dose	50 mcg / 250 mcg	France	0.00
	Seretide Diskus™	Inhalation powder, metered-dose	50 mcg / 500 mcg	France	0.00
Budesonide + Formoterol	Symbicort Turbuhaler	Inhalation powder, metered-dose	320 mcg / 9 mcg	Sweden	332.23
	Symbicort Turbuhaler	Inhalation powder, metered-dose	160 mcg / 4.5mcg	Sweden	0.00
	Symbicort Turbuhaler	Inhalation powder, metered-dose	80 mcg / 4.5 mcg	Sweden	0.00
	Symbicort Turbuhaler	Inhalation powder, metered-dose	160 mcg / 4.5mcg	Sweden	0.00
	Bufomix Easyhaler	Inhalation powder	160 mcg / 4.5mcg	Finland	0.00
	Bufomix Easyhaler	Inhalation powder	8 mcg / 4.5mcg	Finland	0.00
	Bufomix Easyhaler	Inhalation powder	320 mcg / 9mcg	Finland	0.00

**CONCLUSIONS.** 1. In order to assess the economic accessibility of medicines used in the treatment of obstructive airway diseases, the liquidity coefficient, solvency adequacy coefficient, and affordability coefficient were calculated.

2. The liquidity coefficient for 21 pharmaceutical product items (PPIs) was  $\leq 0.15$ ; for 74 PPIs, it ranged from 0.16 to 0.5; and for 7 PPIs, it exceeded 0.5 (i.e., 50 %). For Budesonide Easyhaler, the coefficient was 0.004, indicating an almost fixed price, likely due to state regulation or reimbursement.

3. The solvency adequacy coefficient exceeded the threshold value of 0.5 for 11 PPIs, indicating their financial inaccessibility for a significant portion of the population. The highest

values were observed for the following medicines: Zafiron (1.72), Symbicort Turbuhaler (1.18), and Budesonid-Inteli (0.89).

4. According to the affordability coefficient, 13 PPIs had values above 0.99, indicating high accessibility. These were mainly medicines of Ukrainian origin, such as Eufillin, Teopek, Neophyllin, and Ventolin Evohaler. Domestic medicines were generally more affordable compared to imported analogues.

5. As of September 10, 2025, the updated "Affordable Medicines" program includes a range of medicines with the following International Non-proprietary Names: Beclometasone, Budesonide, Ipratropium bromide, Salbutamol, Tiotropium bromide, Salmeterol with Fluticasone, and Budesonide with Formoterol. These medicines

are dispensed free of charge or with partial co-payment, which contributes to treatment continuity and reduces the financial burden on patients.

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## АНАЛІЗ ЦІНОВОЇ КОН'ЮНКТУРИ ТА РЕІМБУРСАЦІЇ ЛІКАРСЬКИХ ЗАСОБІВ, ЩО ЗАСТОСОВУЮТЬСЯ ДЛЯ ЛІКУВАННЯ ОБСТРУКТИВНИХ ЗАХВОРЮВАНЬ ДИХАЛЬНИХ ШЛЯХІВ

### Резюме

**Вступ.** Хронічні обструктивні захворювання дихальних шляхів, включно із хронічним обструктивним захворюванням легень, бронхіальною астмою, емфіземою та бронхоектатичною хворобою, є тривалими запальними розладами дихальних шляхів. В Україні, як і в інших країнах, забезпечення економічної доступності лікарських засобів для лікування цих захворювань є важливим пріоритетом державної політики у сфері охорони здоров'я.

**Мета дослідження** – проаналізувати цінову кон'юнктуру та реімбурсацію лікарських засобів, що застосовуються для лікування обструктивних захворювань дихальних шляхів.

**Методи дослідження.** У дослідженні використано дані з Державного реєстру лікарських засобів України, бази даних Compendium.online, офіційного переліку лікарських засобів, що підлягають реімбурсації за програмою «Доступні ліки», а також інформацію з онлайн-ресурсів Artekі.ua, Tabletki.ua.

**Результати й обговорення.** Аналіз показав, що для 21 найменування лікарських засобів коефіцієнт ліквідності був  $\leq 0,15$ , що вказує на високу стабільність цін. 74 лікарські засоби мали значення в межах 0,16–0,5, а для 7 – коефіцієнт перевищував 0,5, що свідчить про значні цінові коливання.

Коефіцієнт адекватності платоспроможності для 11 лікарських засобів перевищував граничне значення 0,5. Зафірон мав найвищий показник коефіцієнта адекватності платоспроможності – 1,72.

Коефіцієнт доступності перевищував 0,99 для 13 лікарських засобів, більшість з яких – вітчизняного виробництва (наприклад, Еуфілін, Теопек), що підтверджує кращу доступність українських препаратів порівняно з імпортованими аналогами.

Станом на 10 вересня 2025 року перелік лікарських засобів, включених до оновленої програми реімбурсації «Доступні ліки» для лікування обструктивних захворювань дихальних шляхів, охоплює сім міжнародних непатентованих назв: беклометазон, будесонід, іпратропію бромід, сальбутамол, тіотропію бромід, сальметерол з флутиказоном, формотерол з будесонідом.

**Висновки.** Під час дослідження були визначені та проаналізовані основні показники: коефіцієнт ліквідності, коефіцієнт доступності й коефіцієнт адекватності платоспроможності. Отримані результати свідчать, що окремі лікарські засоби, включені до програми реімбурсації та вироблені в Україні, є економічно доступними для пацієнтів. Водночас інші препарати – особливо імпортні комбінації – залишаються фінансово менш доступними для значної частини населення.

**КЛЮЧОВІ СЛОВА:** обструктивні захворювання дихальних шляхів; цінова кон'юнктура; програма «Доступні ліки»; відшкодування вартості лікарських засобів.

Стаття надійшла до редакції 12.09.2025

Стаття прийнята 30.09.2025

Статтю опубліковано 24.10.2025

