stay served to contribute to a 0.19% probability increase of 30-day readmissions (p<0.001). CONCLUSIONS: Several comorbidities and a previous record of hospitalizations served as risk factors for 30-day readmissions. Patients with these risk factors are vulnerable and merit special attention.

PR515
THE BUDGET IMPACT OF DUORESP® SPIROMAX® (BUDENOZONE + FORMOTEROL FUMARATE DIHYDRATE) COMPARED WITH COMMONLY PRESCRIBED DRY POWDER INHALERS FOR THE MANAGEMENT OF ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE IN THE UNITED KINGDOM: IMPACT OF INCENTIVIZATION THROUGH CO-PAYS

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OBJECTIVES: Duoresp® Spironax® (budesonide + formoterol fumarate dihydrate) is a fixed-dose combination (FDC) of inhaled corticosteroid (ICS) + long-acting beta agonist (LABA) in a novel dry powder inhaler (DPI). An economic model was developed to assess the budget impact of using Duoresp® Spironax® in patients with persistent asthma and chronic obstructive pulmonary disease (COPD) from market-leading DPs in the United Kingdom (UK) - Symbicort® Turbohaler® and Seretide® Accuhaler® annually. The potential cost benefit of improved inhalation technique due to the innovative characterisation of the Spironax® inhaler was also investigated. METHODS: The eligible adult patient population was based on confirmed UK asthma and COPD diagnosis rates, with the proportion receiving FDCs based on market research data. Costs of FDCs and scheduled and unscheduled healthcare events were taken from publicly available UK sources. Frequency of poor inhalation technique with the market-leading DPs, and associated increased risk of unscheduled healthcare events, were taken from a large (n=1,664) cross-sectional, Italian observational study, with the estimated reduction in the proportion of patients with poor inhalation technique with Duoresp® Spironax® reaching 13% in year 4 and 5, and its current UK price, the model predicted drug cost savings totalling £65.57 million over five years. Furthermore, £64.4 million could be derived from improved inhalation in technique with Duoresp® Spironax® compared with these DPs, resulting in further savings of £4.78 million. CONCLUSIONS: Duoresp® Spironax® is likely to offer budgetary savings compared with market-leading DPs, further cost savings potentially resulting from improved inhalation technique.

PR513
INPATIENT VERSUS OUTPATIENT TREATMENT RELATED TO EXACERBATION EPISODES IN CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) FROM A PUBLIC MEXICAN INSTITUTIONAL PERSPECTIVE

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OBJECTIVE: To estimate and compare the use and frequency of medical resources used by patients with COPD admitted to a university-affiliated hospital between January 2011 and June 2012. METHODS: A retrospective analysis from 5,663 inpatients and 1,698 outpatients with chronic obstructive pulmonary disease (COPD) was performed. Exacerbation episodes were classified according to the guideline. Inpatient and outpatient care was the criteria for assessing the use and frequency of medical resources, including relevant outcomes as hospitalization, physician visits, intensive care unit, surgery, medication use, clinical studies among others. Unitary costs were obtained from public tabulatators (2014 MMS). Mean frequency values were weighted with its corresponding costs. RESULTS: In 2013, 16,122 episodes of exacerbation were studied by the mentioned criteria. Patients over 65 years represented 97% of all cases; being those over 65 years the most frequent (81%). A mean average of 5.6 days of inpatient care was founded at the study horizon. Yearly weighted cost of treatment for outpatient and inpatient care was US$6,630 and US$8,125, respectively. A unitary item costs analysis from the inpatient versus the outpatient treatment groups found a significant increase in medication use (+83%), specialty visits (+100%), surgery (+100%) among other items. CONCLUSIONS: In the treatment of exacerbation episodes in patients with COPD, the higher cost per year of inpatient versus outpatient care was estimated to be 83% higher. Reducing the risk of exacerbation episodes with the right treatment choice would be relevant for Mexican institutions.

PR512
HEALTH-CARE COSTS OF ASTHMA ARE LOWER USING MP29-02* VS. SEQUENTIAL SPRAYS FOR ALLERGIC RHINITIS

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OBJECTIVES: Allergic rhinitis (AR) affects 20% of the population, and 40% of these patients report a diagnosis of asthma. Previous work has shown that treatment of AR improves asthma control. The objective was to examine healthcare costs related to AR and asthma for patients either treated with MP29-02*, a novel intranasal for-