son cohorts. After applying a 1-1 matching, a total of 123,356 patients were matched from the control and matched episodic patients. In the balanced dataset, 86% had higher health care utilization, including Medicare carrier (98.1% vs. 70.1%). Durable Medical Equipment (DME, 37.4% vs. 15.8%) and Home Health Agency (HHA, 17.2% vs. 4.6%) claims, outpatient visits (73.9% vs. 47.1%) and inpatient (32.5% vs. 6.8%), skilled nursing facility (SNF, 10.0% vs. 2.2%) and hospice admissions (1.1% vs. 0.6%) and prescription drug claims (53.4% vs. 49.8%), resulting in higher health care costs for Medicare carrier ($3,391 vs. $1,313), DME ($413 vs. $97), HHA ($923 vs. $228), outpatient ($3,985 vs. $1,514), inpatient ($5,983 vs. 1,054), SNF ($1,562 vs. $368), hospice ($304 vs. $143), pharmacy ($1,180 vs. $692) and total costs ($24,288 vs. $7,399) (p < 0.0001). CONCLUSIONS: COPD patients are associated with high economic burden and health care utilization.

PRS28 ESTIMATION OF THE COST OF CHILDHOOD ASTHMA IN TURKEY
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OBJECTIVES: Asthma is the most common chronic disease in childhood, reduces the quality of life of children and their families, and produces high social and healthcare costs. The annual cost per patient with controlled asthma is €558, 4% of total health care costs. The aim of this study was to estimate the direct cost of pediatric asthma in Turkey and to examine its variability depending on asthma control level. METHODS: The clinical pathway for childhood asthma was designed by and based on the data from the available Turkish literature. Unavailable data was collected by the expert’s clinical view. To calculate direct costs, the medical management of childhood asthma estimated using ‘cost-of-illness’ methodology for one year per patient. All costs were calculated from the health care payer perspective. The cost of treatment was similar across all age and risk groups.

PRS29 COST OF A PULMONARY ARTERIAL HYPERTENSION-RELATED HOSPITALIZATION IN BELGIUM
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OBJECTIVES: Pulmonary arterial hypertension (PAH) is a rare disease, for which only scarce health care cost data is available in Europe. The progressive nature of the disease often requires hospitalization, the costs of which are currently unknown in Belgium, mainly due to the low number of patients affected. The objective of this study was to evaluate the cost of the clinical pathway and in-stay of a PAH-related hospitalization likely related to disease worsening in Belgium. METHODS: A retrospective database analysis was performed using the IM3 hospital database database from January 1, 2010 to December 31, 2011. Outpatient costs for PAH were based on expert opinions. The mean annual cost per patient with controlled asthma is 542.97€ per year per child. All costs were calculated from the health care payer perspective. The cost of treatment was similar across age-and-risk groups in hospital and outpatient settings. The cost of an outpatient episode was estimated for all risk groups at €1040, 63.

PRS30 THE COST BURDEN OF COMMUNITY-ACQUIRED PNEUMONIA IN RUSSIA IN ADULTS AGED 50 AND OLDER: A REGIONAL STUDY AND NATIONAL ESTIMATES
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OBJECTIVES: This study targets the effective control of asthma will play an important role in the reduction of the health care expenditures. To increase the utility and effectiveness of health care system, the diagnostic tests, co morbid diseases costs and medication costs estimated 4 %, 11%, 11%, 28%, 558, 4% of total health care costs. The aim of this study was to estimate the direct cost of pediatric asthma in Turkey and to examine its variability depending on asthma control level. METHODS: The clinical pathway for asthma was determined from the literature. Part of the data was collected from the expert’s clinical view. To calculate direct costs, the medical management of adult asthma was estimated using ‘cost-of-illness’ methodology for one year per patient. All costs were calculated from the health care payer perspective. The cost of treatment was similar across age-and-risk groups in hospital and outpatient settings. The cost of an outpatient episode was estimated for all risk groups at €1040, 63. to target the effective control of asthma will play an important role in the reduction of the health care expenditures.
structure of direct costs in Korea was as follows – 77% for hospital stays, 21% for outpatient visits, 2% for ambulance service. COPD exacerbations contributed the major portion of cost and also correlated with disease severity. CONCLUSIONS: COPD associated with significant economic burden on Russian’s health care system. There is a striking direct relationship between the cost of care and severity of the disease with hospitalization leading to disease exacerbation being a major portion of cost.

PRS4 THE SPECTRUMS OF ILLNESS OF ATOPIC DERMATITIS IN SOUTH KOREA Kim C.M.1 Yim HW.2 Je SJ.3 Ahn SH.1 Seo SJ.1 Choi WS.1
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OBJECTIVES: Atopic dermatitis is a global public health concern considering its growing prevalence and mounting socioeconomic burden. However, few studies has assessed the economic impact of atopic dermatitis in Korea. To conduct a cost analysis and evaluate the economic impact of atopic dermatitis in an individual annual disease burden, quality of life, and change in medical expenses in regards to change in health related quality of life. METHODS: This prospective cost analysis of atopic dermatitis by reviewing the housekeeping account books of 32 patients were conducted and evaluated the economic impact of the disease from a society perspective. RESULTS: The total annual total social cost on a national level was estimated at 5.8000 trillion KRW.

PRS5 THE COST STUDY OF HEALTH SERVICES IN MONGOLIA Damdinbator O
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OBJECTIVES: The purpose of this study was to main fundamental prices of health system In Mongolia which are state budget, health insurance and out of pocket payment. Health insurance funded health care service based on 115 DRG and total financing to health care organizations were 87.1 billion MNT in 2011. Health insurance rates 24000 MNT secondary and thirtary level of hospital by the same tariff. Aim of the study is to calculate 10 DRG costs which were spent 25 percent of the health insurance fund in 2012. METHODS: We used both top down and bottom-up cost allocation method. Results: It is clear from the tables that prices for drugs are far higher than the real cost. Other 9 diagnostic groups finance were less than actual cost by 8-62%. That the total funding based on the number of cases nationwide, 12,330,361 MNT funding was insufficient. CONCLUSIONS: The annual total social cost in a national level was estimated at 5.8000 trillion KRW.

PRS6 A PHARMACOECONOMIC ASSESSMENT OF TUBERCULOSIS CONTROL IN PAKISTAN Iqbal MZ1, Iqbal MW2, Bahari MB3, Khalid SH1, Iqbal MZ2
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OBJECTIVES: To assess the direct and indirect medical costs incurred in the treatment of tuberculosis (TB) in patients attending public hospitals in Pakistan. METHODS: A descriptive cross-sectional study was conducted in patients attending Accident and Emergency and TB wards of the hospitals in Pakistan by convenient-sampling technique. The direct and indirect medical costs were determined by various parameters like consultation fees, cost of medicines, travelling costs and laboratory test expenses etc. All obtained data were analyzed using descriptive and inferential statistics. RESULTS: The mean annual direct medical cost for a TB patient was around Rs. 71737.56 ($176.26) and indirect medical cost was Rs. 12918.50 ($334.53). It was also observed that comparatively higher direct and indirect medical costs per patient (p < 0.001) were associated with large and urban hospitals. Besides, association of indirect medical costs with gender and age were the prominent predictors of the study. CONCLUSIONS: Severity of disease, distance to the hospital and length of stay in the hospital were proportional to the direct and indirect medical costs. In Pakistan, a significant proportion of the direct medical cost for TB treatment is subsidized for the public.

PRS7 PHARMACOECONOMIC EVALUATION OF ACUTE EXACERBATION OF ASTHMA IN PATIENTS IN MALAYSIA Iqbal MZ1, Iqbal MZ2, Barua A3, Veettil SK4, Ling TK4, Yong NB4, Khan AH4, Hussain Z4, Iqbal MW1
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OBJECTIVES: The cost of acute exacerbations of asthma had not been well studied in literature. The aim of this study was to identify and quantify the (average) cost of moderate and severe exacerbations of asthma in patients attending tertiary-care setup in Malaysia. The related burden of exacerbations was also calculated. METHODS: The costs including lab investigation charges, unit costs of treatments, monies, medical costs, medications, medical staff, and cost of productivity were calculated per asthma episode. Data was analysed by Statistical Package for the Social Sciences (SPSS) version 18.0 using various descriptive and inferential statistical tests. RESULTS: A median medical cost of acute exacerbation of asthma in a tertiary care hospital in Malaysia ($100) was estimated at $68.47 per episode. Medication cost comprised the majority (52.38%) of the total medical costs. A median medical cost of acute exacerbation of asthma under patient’s perspective was $51.35 (RM156.19) per episode. Asthma exacerbation and length of stay in the hospital were proportional to the direct medical costs. In Malaysia, a substantial proportion of the direct cost of asthma treatment is heavily subsidised for the locals.

PRS8 PHARMACOECONOMIC EVALUATION AND BURDEN OF ILLNESS OF ACUTE EXACERBATION OF COPD IN PATIENTS IN MALAYSIA Iqbal MZ1, Iqbal MZ2, Barua A3, Veettil SK4, Wei LY1, Kean AH1, Hussain Z4, Iqbal MW1
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OBJECTIVES: Acute exacerbation of chronic obstructive pulmonary disease (AECOPD) appears to be the main reason of hospitalization in COPD patients. Since substantial economic burden of COPD have not been previously studied in Malaysia, this study aimed at estimating and identifying different costs and related burden of illness in patients receiving treatment of AECOPD in a tertiary care hospital in Malaysia. METHODS: A prospective follow-up study was performed in Department of Accident and Emergency and Respiratory Medicine of the hospital. Data were derived on the basis of per exacerbation episode. Relationship between direct medical costs and disease severity was analyzed using various descriptive and inferential statistical procedures. RESULTS: The median direct medical costs and pocket costs were RM 457.68 (US$ 141.97) and RM 28.25 (US$ 8.76) per exacerbation respectively. Drug cost (41%) was the leading cost driver, followed by unit cost of treatment per bed (33.6%) and lab investigation cost (25.4%). However, food cost (44%) represented the largest proportion in out-of-pocket costs. More than 90% of actual direct medical costs were supported by the Government of Malaysia in the patients studied. CONCLUSIONS: Impacts of AECOPD in health care resources are worthy of attention. Cost information from pharmacoeconomic studies is important in decision making for health care professionals and policy makers in order to improve health care outcome and minimize costs.

PRS9 PROSPECTIVE STUDY ON THE AVERAGE COST OF THERAPY FOR BRONCHIAL ASTHMA PATIENTS IN AN INDIAN TERTIARY CARE TEACHING HOSPITAL Hair SV, Abdulbasim S, Vedaran N, Shikra R, Mohan MK Manipal University, Manipal, India
OBJECTIVES: To conduct a study to determine the average cost of therapy for bronchial asthma patients in a tertiary care center. METHODS: A prospective observational study was carried out on asthma patients after ethical clearance was obtained from an Independent Ethical Review (IER) board. The patients selected for the study were in-patients admitted to the Medicine and Pulmonary wards for bronchial asthma related complaints with and without co-morbidities. The study assessed the average cost of therapy which was obtained from patient records. Statistical analysis was performed using SPSS version 20. RESULTS: The mean cost of the study sample was Rs. 3053 (95% CI = 3023-3083) which constituted 61% of the study population. The job profiles of the majority study patients did not include house wives (53%) and agriculturist (15%). The average cost of therapy among 100 patients was found to range from $1.81 to $598. The impact on the length of stay on cost of therapy per day was classified into $5-10, 11-20, and cost was found to be $9.21 ± 5.57, $12.12 ± 6.95 and $15.56 ± 13.60 respectively. Impact of co-morbidities (35%) and without co-morbidities on cost of therapy per day was found to be $13.03 ± 10.63 and $8.54 ± 6.77 respectively. CONCLUSIONS: Asthma creates a substantial financial burden on the society and results in compromise on diagnosis and treatment mainly in a developing country like India. There was a substantial increase in the cost of therapy as the duration of hospital stay increased and also in the case of patients with co-morbidities. Pharmacoeconomic analysis is needed to develop strategies to reduce the cost of therapy and thereby achieve greater medication adherence and improved quality of life in asthma patients.

PRS40 RESOURCE USE AND HEALTH CARE COSTS OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE IN SLOVAKIA Ondrusova M, Peskova M, Machaj D
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OBJECTIVES: The objective of this cost study was to measure the resource utilisation and direct costs attributable with health and social services in patients with chronic obstructive pulmonary disease (COPD) in Slovakia and to provide a basis for cost-effectiveness evaluations. METHODS: The cross-sectional survey was performed to obtain the information of one year of COPD and to estimate the direct costs of the disease management. The survey included 4 experts experienced in COPD treatment. The studied population were cohorts of COPD patients evaluated separately according to the stage of the disease (mild, moderate or severe) and very severe COPD. The cost were set for one average patient per 3 months of treatment. The cost data were assessed and actualized due the 1st July 2014. All types of health care used in COPD management was evaluated (hospitalization, outpatient visits, diagnostics, laboratory tests and the management of symptoms, use of bronchodilators). Moderate