the study was conducted under the public health perspective, only direct medical costs associated with the RSV treatment were evaluated (hospitalization, emergency room, drugs, and prophylaxis). For resource utilisation purposes, an expert panel of paediatricians with experience in RSV infection was convened. Drug and medical attention costs were discounted by using a 3% discount rate and are reported in local currency. Acceptability curves of the probability of palivizumab to be cost effective were calculated. The threshold included in the study for cost-effectiveness comparisons, is the proposed by the World Health Organisation (3 times the gross domestic product per capita). **RESULTS:** The ICER per QALY for the study group was MXN $219,150. The acceptability curves showed a 75% probability of palivizumab to be cost effective when employing a 3 times GDP threshold. **CONCLUSIONS:** The use of palivizumab represents a cost-effective alternative for the prophylaxis of complications associated with RSV infection, under the public health perspective in Mexico for patients <29 WGA.

PRS5

COST-EFFECTIVENESS OF VARENICLINE VS EXISTING SMOKING CESSATION STRATEGIES IN DOMINICAN REPUBLIC USING THE BENESCO MODEL

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OBJECTIVES: In Dominican Republic, the economic burden of tobacco has not been assessed. The aim of this study was to evaluate the cost-effectiveness of varenicline compared to other existing strategies for smoking cessation within a 5-year time horizon in an adult population cohort from Dominican Republic using the healthcare payer's perspective. **METHODS:** The Benefits of Smoking Cessation on Outcomes (BENESCO) simulation model was used for an adult cohort in Dominican Republic (n=6,528,125). Smoking cessation therapies compared were: varenicline (0.5 – 2 mg/day) versus bupropion (300 mg/day); nicotine replacement treatment (NRT) (5-10 mg/day) and unaided cessation. Effectiveness measures were: Life-Year gained (LYG) and quality-adjusted life-year gained (QALY's). Resource use and costs data were obtained from Dominican Republic's Ministry of Health and Social Security databases (2009). The model used a 3% discount rate for costs (expressed in 2009 US dollars) and health outcomes. Probabilistic sensitivity analyses (PSA) were conducted and acceptability curves were constructed. **RESULTS:** Varenicline reduced smoking-related morbidity, mortality and healthcare costs. After 5 years, mortality in the varenicline arm was reduced by 67, 86 and 163 deaths compared with bupropion, NRT and unaided cessation, respectively. The net average cost per additional quitter showed that varenicline was cost-saving against competing alternatives. Varenicline exhibited 145, 188 and 355 more QALYs against Bupropion, NRT and unaided cessation, respectively. Cost-effectiveness analyses showed that varenicline was the dominant strategy. At a willingness-to-pay of US$8,000/QALY, the probability that varenicline is cost-effective met 100%. PSA results support the robustness of the findings. **CONCLUSIONS:** Smoking cessation therapy with varenicline is cost-saving in Dominican Republic. These results could help to reduce the tobacco related disease burden and align cost-containment policies.

PRS6

COST-EFFECTIVENESS OF FLUTICASONE FUROATE COMPARED WITH MOMETASONA FUROATE FOR THE PRIMARY TREATMENT OF ALLERGIC RHINITIS PATIENTS

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OBJECTIVES: To evaluate the cost-effectiveness of fluticasone furoate vs. mometasone furoate in the treatment of ocular symptoms in allergic rhinitis patients in Mexico. **METHODS:** A decision-analytic model was developed to estimate the cost-effectiveness of fluticasone furoate versus mometasone furoate. Patients initiated on treatment either completed initial therapy or switched to second line therapy due to non-response. Probability of a switch and resource use was based on expert panel and literature. Costs were based on local drug acquisition costs, local cost estimates for outpatient and hospitalization. Effectiveness was defined as the net improvement in Total Ocular Symptom Score (TOSS) at 12 weeks from Keith PK. 2009 study. The analysis was carried out from the perspective of the Mexican health care system and all costs are reported in 2010 US dollars. **RESULTS:** The corresponding health effects were 0.47 net improvement TOSS for fluticaone furoate and 0.31 for mometasone furoate regimen. The mean total cost of the fluticaone furoate regimen was $ 627 compared with $ 827 for the furoate mometasone regimen. Treatment with fluticasone furoate compared to treatment with mometasone furoate was less costly and resulted in a greater net improvement of TOSS. Probabilistic sensitivity analyses demonstrated that the cost savings observed were maintained over a wide range of alternative values for costs and resource utilization. **CONCLUSIONS:** Cost-effectiveness analysis indicated the dominance of fluticasone furoate over mometasone furoate because of both lower costs and greater efficacy. Cost savings with fluticasone furoate were attributable to lower drug acquisition costs. In addition, a net improvement in ocular symptoms may be expected in allergic rhinitis patients.

PRS7

ESTUDIO DE COSTO-EFECTIVIDAD DE BECLOMETASONA VS CICLESONIDA COMO MEDICAMENTOS CONTROLADORES EN EL MANEJO DEL ASMA EN PACIENTES QUE ASISTEN A CONSULTA EXTERNA DE NEUMOLOGÍA PEDIÁTRICA EN EL HOSPITAL UNIVERSITARIO CLÍNICA SAN RAFAEL DE BOGOTÁ COLOMBIA, JULIO A DICIEMBRE 2010

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OBJECTIVOS: Desarrollar un estudio de costo-efectividad que compare Ciclesonida con Beclometasona en el control del asma. **METODOLOGÍAS:** Estudio Costo-Efectividad, de cohortes, observacional, analítico, con información recolectada prospectivamente, realizado desde la perspectiva institucional, incluyó pacientes pediátricos con diagnóstico de asma no controlada admitidos durante Julio de 2010 los que recibieron Ciclesonida o Beclometasona como único medicamento controlador. Se realizó seguimiento por 6 meses, basados en datos reportados por la literatura se utilizó el porcentaje de pacientes libres de crisis asmáticas como variable para el cálculo del tamaño muestral, la muestra necesaria fué de 20 pacientes por cada alternativa, se incluyeron 94 pacientes con edades entre los 1 y 15 años, 47 recibieron Beclometasona y 47 Ciclesonida. La asignación fue de manera aleatoria. La variable primaria de efectividad fue definida como el porcentaje de pacientes libres de crisis durante el periodo de estudio, se definieron como variables generadoras de costo uso de medicamentos y estancia hospitalaria. Se calculó la razón costo-efectividad incremental y se realizó un modelo mediante un árbol de decisión. **RESULTADOS:** 17 pacientes estuvieron libres de crisis en el grupo de Beclometasona, los costos de utilización de medicamentos en este grupo fueron de $7255.564 pesos colombianos, los costos de hospitalización se calcularon en $38,568.200, los costos totales ascendieron a $45,823.764 ($25,188.67 dólares). En el grupo de Ciclesonida, 45 pacientes estuvieron libres de crisis, los costos por utilización de medicamentos fueron de $14,982.172, los costos derivados de hospitalización se calcularon en $92,200, los costos totales alcanzaron los $15,074.372 ($8291.73 dólares). La razón costo-efectividad incremental de Beclometasona versus Ciclesonida fue de -1'098.192. **CONCLUSIONES:** Al utilizar Ciclesonida el hospital encuentra ahorros de $1098.192 pesos por cada paciente libre de crisis, desde la perspectiva del hospital, el manejar un paciente con Beclometasona representa un costo adicional de $1,098.192 que se podrían ahorrar si el paciente fuese manejado con Ciclesonida.

PRS8

COST-EFFECTIVENESS OF AN AMBULATORY PROGRAM OF PULMONARY REHABILITATION FOLLOWING ACUTE EXACERBATIONS OF COPD IN COLOMBIA

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OBJECTIVES: To evaluate the economic benefits of an 8 week Ambulatory Pulmonary Rehabilitation Program (PR) plus GOLD based standard treatment (ST) vs. ST without PR of COPD patients after an acute exacerbation of the disease in the Colombian Health Care System (CHCS). **METHODS:** Direct costs of ST and of PR were calculated according to tertiary level university hospital's registries during one year and CHCS's drugs prices; these costs and QALY were estimated for one year by a Markov chain model based on Seymour's study (Thorax, 2010) findings of health care utilization and probability of death. Univariate sensitivity and probabilistic analysis were performed by Monte Carlo method. **RESULTS:** Following acute exacerbation of COPD the annual cost of PR plus ST was COL$ 4,594,407,00 (US$ 2,483.46) vs. an annual cost of ST without PR of COL$ 9,124,326.00 (US$ 4,932.07). QALY of PR plus ST patients: 0.86577; QALY of ST without PR: 0.852979. Mean cost-effectiveness of PR plus ST: COL$5,306,729.00 (US$ 2,868.50) per QALY, cost-effectiveness of ST without PR:$10,697,014.00 (US$ 5,782.17) per QALY. There was absolute dominance of PR plus ST vs. ST without PR in all scenarios. In the sensitivity analysis the absolute dominance is maintained for any cost of PR program < COL$ 5,302,428.00 (US$ 2.866,18). **CONCLUSIONS:** Global costs of Pulmonary Rehabilitation plus Standard Treatment are much lower than Standard Treatment without Pulmonary Rehabilitation for patients after an acute exacerbation of COPD. Pulmonary Rehabilitation is a highly cost-effective treatment for these patients in the CHCS and probably in many other countries with similar socio-economic level, specially of Latin America.

Respiratory-Related Disorders – Patient-Reported Outcomes & Preference-Based Studies

PRS9

DISPONIBILIDAD A PAGAR POR UN METODO EFECTIVO PARA DEJAR DE FUMAR: EVIDENCIAS A PARTIR DE LA ENCUESTA GLOBAL DE TABAQUISMO EN ADULTOS MÉXICO 2009

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OBJECTIVOS: Estimar la máxima disponibilidad a pagar (DAP) por un tratamiento efectivo de cesación tabáquica entre fumadores mexicanos e identificar los factores sociodemográficos, de la historia de fumador y de su entorno asociados a esta valoración. **METODOLOGÍAS:** Se realizó un estudio observacional de tipo transversal. La muestra de análisis estuvo constituida por 777 fumadores que participaron en la Encuesta Global de Tabaquismo en Adultos, México 2009. Se realizó un análisis descriptivo y de asociación estadística que permitió caracterizar a los fumadores y su DAP con base en variables socioeconómicas, demográficas, de su historia de tabaquismo y de su entorno. **RESULTADOS:** El 74.4% de los fumadores eran del sexo masculino, 51.4% consumía cigarrillos con una frecuencia diaria. Los fumadores tenían más de 15 años fumando, 58.6% había realizado intentos previos de cesación y alrededor del 10% conocía de la existencia de centros de ayuda para dejar de fumar. En promedio, la DAP por un método efectivo de cesación fue $2573 pesos mexicanos. En los hombres, la DAP fue 2056 pesos menor que en las mujeres. A mayor educación y mayor nivel socioeconómico (NSE), la DAP de los fumadores aumentó en todos los modelos estimados. **CONCLUSIONES:** Las estimaciones del presente estudio sugieren que los fumadores mexicanos que desean dejar de fumar revelan, en términos monetarios, una alta valoración por un método de cesación efectivo. Los fumadores del sexo masculino muestran un comportamiento