were published in peer-reviewed journals. Search was conducted using generic names of the drugs and the phrase “cost effectiveness” in abstract of the published study. RESULTS: During 2003-2008, the number of published studies on “cost effectiveness” have increased by more than 30%. There is a large variability in CERs for similar drugs for different indications, in some cases also varying by biomarkers. Multiattribute utility scores for both varenicline and bupropion were modeled for a time horizon of 35-40 years or lifetime to demonstrate cost effectiveness. CONCLUSIONS: This study examines the influence of medication-taking behaviors on exacerbation costs compared with the usual care of R$ 1,831.

PR519
COST-UTILITY OF VARENICLINE VERSUS INTERVENTIONS AVAILABLE FOR QUITTING SMOKING IN PANAMA USING THE BENSECOS MODEL
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OBJECTIVES: Smoking cessation rates were: 22.5%; 15.7%; NRT 13.7% and 5.9% for varenicline, bupropion, nicotine replacement therapy (NRT) and unaided cessation for quitting smoking using a time horizon of 20 years from an institutional perspective. METHODS: The Benefits of Smoking Cessation on Outcomes (BENCESCOS) simulation model was used for an adult cohort of subjects (n=2,249,676). BENCESCOS model contains projected outcomes for cardiovascular diseases, chronic obstructive pulmonary disease, lung cancer and stroke. The smoking cessation therapies evaluated were: varenicline (0.5-2 mg/day) versus bupropion (300 mg/day), NRT (5-10 mg/day) and unaided cessation. Effectiveness and utility measures were collected from published literature. Unit costs and resource use data was gathered from published literature. Unit costs and resource use data was gathered from published literature.

RESULTS: Smoking cessation efficacy rates were: 22.5%; 15.7%; NRT 13.7% and 5.9% for varenicline, bupropion, NRT and unaided cessation, respectively. After 20 years varenicline exhibited the highest number of QALYs gained (2,144,323) against bupropion, nicotine replacement therapy (NRT) and unaided cessation for quitting smoking using a time horizon of 20 years from an institutional perspective. METHODS: The Benefits of Smoking Cessation on Outcomes (BENCESCOS) simulation model was used for an adult cohort of subjects (n=2,249,676). BENCESCOS model contains projected outcomes for cardiovascular diseases, chronic obstructive pulmonary disease, lung cancer and stroke. The smoking cessation therapies evaluated were: varenicline (0.5-2 mg/day) versus bupropion (300 mg/day), NRT (5-10 mg/day) and unaided cessation. Effectiveness and utility measures were collected from published literature. Unit costs and resource use data was gathered from published literature.

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