mixed-treatment comparison) were applied at 2 weeks. Lung function decline after 2 weeks was applied independent of treatment arm but dependent on GOLD stage. Exacerbation risk, health outcomes and costs of COPD management were calculated based on GOLD stage. Cost inputs were taken from published literature. RESULTS: The 5-year budget impact of displacement of tiotropium by tiotropium + olodaterol was estimated at £10.6 million, and £0.9 million, in England, Scotland, Wales, and Northern Ireland respectively. These cost-savings were largely driven by a predicted 0.8% reduction in COPD management costs, and a 0.9% reduction in the costs of exacerbation management. CONCLUSIONS: Switching patients with COPD from tiotropium maintenance to tiotropium + olodaterol Respirim® maintenance therapy has the potential to be cost-saving to the UK NHS. These cost-savings largely resulted from a predicted reduction in primary and secondary care costs. Whilst treatment switch should be driven by clinical rationale and patient preference, this finding has implications for medicine optimisation in the UK.

PRS18
THE BUDGET IMPACT OF AN INHALER WITH IMPROVED FEATURES COMPARED TO SPIRIVA® HANDIHALER® FOR THE MANAGEMENT OF CHRONIC OBSTRUCTIVE LUNG DISEASE (COPD) IN THE UK: ESTIMATED IMPACT ON UNSCHEDULED HEALTHCARE COSTS AND INHALER SATISFACTION
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OBJECTIVES: Spiriva® Handihaler® (tiotropium) is a single capsule dry powder inhaler (DPI) for the treatment of COPD. A budget impact model was developed to assess the potential economic impact of introducing an inhaler with improved features compared to Spiriva® Handihaler® to treat COPD in the UK. The potential cost benefit of increasing treatment satisfaction, due to the improved characteristics of the new inhaler was investigated. METHODS: The eligible patient population was based on the number of confirmed COPD diagnoses in the UK, with the proportion of patients receiving Spiriva® Handihaler® based on market research. The costs associated with the inhalers were taken from publically available data. The model was validated with clinical guidelines. RESULTS: The five-year budget impact of displacement of tiotropium by tiotropium + olodaterol (5GPST) was estimated at £104.39 for sodium cromoglicate. Under scenario A olopatadine treatment was associated with the lowest incremental cost of £16.69 million over the 5-year period and total spend on COPD therapies by £379,750 in the average UK health economy compared to current prescribing patterns. Funded by GSK.

PRS19
ESTIMATING SEASONAL ALLERGIC CONJUNCTIVITIS MARKET SIZE AND SPENDING
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OBJECTIVES: This study estimated the total expenditure on prescribed Seasonal Allergic Conjunctivitis (SAC) medication in the UK and the budget impact of switching patients from one cost-saving treatment to another. METHODS: The budget impact model developed by the authors used published data to evaluate total spending on: olopatadine, generic sodium cromoglicate, branded sodium cromoglicate, nedocromil sodium. A 4-month time horizon was applied (average allergy season duration). Direct to patient data (National Health and Wellness Survey [NHWS]) were used to estimate the number of patients receiving prescription SAC treatment. Published 42-day efficacy data were input for each product, with patients classified as either successfully treated or unsuccessfully treated at 14, 28, 42, and 120 days. Unsuccessful treatment required additional resource use and switch to further therapy. Two approaches extrapolated clinical data to 120 days: A) No decline after 42-days, B) linear decline in efficacy. Cost per treatment was estimated and multiplied by its market size to estimate the total current spend in the UK. Model structure and inputs were validated with local KOLs. RESULTS: Under scenario A olopatadine treatment was associated with the lowest cost. Olopatadine spending over a four month period was £10.08 versus £10.49 for sodium cromoglicate. Under scenario B, sodium cromoglicate treatment resulted in costs of £114.97 versus £124.07 with olopatadine. An estimated 3,161,807 UK adults are treated in the Rx market (NHWS). Total spending was estimated to exceed £300,000,000 under all scenarios. Under scenario A switching all patients to olopatadine may result in savings of £15,378,769. CONCLUSIONS: Increasing olopatadine market share in SAC may be cost-saving when compared against alternative treatments. For SAC use of direct to patient surveys are an important source in market sizing when considering markets split across prescription and over-the-counter treatments.

PRS20
BUDGETARY IMPLICATIONS OF INTRODUCING THE GSK ELLIPTA PORTFOLIO FOR COPD IN THE UK
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OBJECTIVES: The GSK Ellipta portfolio medicines are licensed for treatment of COPD in the UK and is comprised of fluticasone furoate/vilanterol, umeclidinium bromide/vilanterol and umeclidinium bromide. A budget impact model (BIM) was designed to explore the cost implications of prescribing Ellipta portfolio in appropriate patients versus alternative therapies, in line with clinical guidelines. METHODS: A one-year BIM was constructed to explore financial implications of prescribing Ellipta medicines as alternative treatment options to currently prescribed therapies. The BIM is based on UK prescription analysis, epidemiological and resource data. The BIM uses prescription data to generate patient cohorts and progresses them to more intensive therapy based on estimates of symptoms of exacerbation or breathlessness. It also considers medicines optimisation for patients that could benefit from simplified regimens and estimates the budget impact of moving patients using non-licensed ICS/ LABA to licensed therapies. The model allows definition of treatment progressions, using appropriate Ellipta devices to target bronchodilator or steroid based regimens. Costs are calculated using market share of current treatments vs. a scenario in which Ellipta medicines are patient efficacy outcomes, efficacy or safety are not explored. RESULTS: It is estimated that the average health economy in the UK has 5,518 COPD patients of whom 1,320 are eligible to be progressed in their medication. In year 1 compared to a base case COPD therapy, the cost savings were £131,920 and total spend on COPD therapies by £379,750 in the average UK health economy compared to current prescribing patterns. Funded by GSK.

PRS21
BUDGET IMPACT ANALYSIS OF FORMOTEROL EASYHALER IN THE TREATMENT OF ASTHMA IN CHILDREN IN THE RUSSIAN FEDERATION
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OBJECTIVES: To conduct the budget impact analysis of Formoterol Easyhaler, which alleviates the effect of breathlessness in children in the hands of replacement of one medicine to another. METHODS: Information search was conducted in the public domain. Pharmacoeconomic analysis method – budget impact and cost effectiveness. RESULTS: In this study, given the pharmacoeconomic evaluation of drugs Formoterol Easyhaler, Oxis Turbuhaler, Foradil Aerolizer and Atinos. The study had a time horizon of one year. The daily dose of formoterol was 24 mcg. Cost analysis was conducted on the cost of basic pharmacotherapy for compensation of exacerbation, compensation costs for side effects and adverse reactions. The total direct cost per patient with asthma amounted to 1,262,178 to the Easyhaler group, 1,581,838 to the Turbuhaler group, 1,498,95 and 1,499,99 to the Foradil (30 and 60 doses), and 1,705,06$ to the Atinos. The selection of budget impact method of pharmacoeconomic analysis was determined by the advantages of Formoterol Easyhaler in terms of its efficiency and lower value of total direct costs. In the present study, based on the results of the study, it is concluded that the use of Oxis Turbuhaler, Foradil Aerolizer (30 and 60 doses) and Atinos on Easyhaler saved per patient respectively 319,668, 236,748 (187,825 for 60 doses) and 442,698 for the health care system budget. CONCLUSIONS: The budget impact analysis results obtained in this Formoterol Easyhaler versus others drugs of formoterol comparative study demonstrated that Easyhaler therapy resulted in budget saving.

PRS22
COST SAVING STUDY OF FIVE GRASS POLLEN SLIT TABLET VERSUS SCIT’S & SYMPTOMATIC TREATMENT
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OBJECTIVES: Allergic rhinitis (AR) is a chronic disease of the upper respiratory tract caused by exposure to allergens that lead to inflammation of the nasal mucosa and of the conjunctiva mediated by antibody Immunoglobulin E (IgE). According to local literature, prevalence of symptomatic AR is around 20% and grass pollen is the most common allergen causing A (% of uncontrolled moderate / severe AR) in Turkey. Allergen-specific immunotherapy (AIT) is recommended as a second line treatment by treatment for patients with moderate to severe allergic rhinitis not or poorly controlled by symptomatic treatments The Five Grass Pollen Sublingual Tablet (SGPST) is an alternative to AIT. Turkey. The aim of this budget impact model (BIM) was to assess the cost saving potential of the SGPST in the Turkish reimbursement system. METHODS: Cost calculations were made from the payer perspective as per the guidelines of the Social Security Institution (SSI). The time horizon considered in the model was one year. The clinical data and Rescue Medication Scores were acquired from published clinical studies. Direct medical costs were considered in this analysis. Pricing and reimbursement prices data are obtained from Ministry of Health Drug Price List and the Price List of SSI Health Implementation Guideline. RESULTS: According to the BIM, total cost of AR treatment for a patient treated with symptomatic treatment alone was £73 TL per year and reached 1,607 TL per year for patients receiving subcutaneous immunotherapy Total cost of AR with SGPST was £11 discount for the first reimbursement year was 1.168 TL. Total yearly cost of AR with SGPST with % 41 discount was £864 TL. CONCLUSIONS: Compared to subcutaneous AIT, SGPST is a cost saving for selected AR in Turkey. The treatment is 27% or 46% cheaper applying 11% or 41% discount rates respectively.

PRS24
BURDEN OF COMMUNITY-ACQUIRED PNEUMONIA IN ADULTS OVER 18 YEARS OF AGE
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