A cost-consequence model was developed using the SPARK study data to derive treatment outcomes associated to the use of QVA149 instead of tiotropium. Primary outcomes of interest were COPD exacerbations and direct treatment costs. A conservative assumption was made that the annual number of work days lost due to COPD was based on data from the UK. A conservative assumption was made that the annual number of work days lost due to COPD was based on data from the UK. A conservative assumption was made that the annual number of work days lost due to COPD was based on data from the UK.

RESULTS: The frequency of unscheduled hospitalisations for the new inhaler and Spiriva® Handihaler® users were similar, at 0.94 and 0.90 episodes per day, respectively. The total annual societal cost per patient was €9,851 with the new inhaler and €10,891 with Spiriva® Handihaler®. The new inhaler costs €1,040 less per annum than Spiriva® Handihaler®.

CONCLUSIONS: New inhalers with improved features have the potential to offer substantial societal cost savings in COPD compared with Spiriva® Handihaler®.

PSR40

UPDATING MEDICATION COSTS FROM A REAL-LIFE COST-EFFECTIVENESS EVALUATION OF BUDENOSIDE/FORMOTEROL MAINTENANCE AND RELIEVER THERAPY IN ASTHMA MAINTENANCE AND RELIEVER THERAPY IN ASTHMA THERAPY

A500

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(† p < 0.05 with Spearman and Pearson tests). CONCLUSIONS: There is a decrease in the use of COPD hospitalizations after the introduction of the new inhaled medicines and increase in their cost due to increase in the cost of services.

PSR31

DUAL BRONCHODILATION WITH QVA149 IN PATIENTS WITH SEVERE AND VERY SEVERE COPD – ARE THERE INCREDIBLE BENEFITS FOR PORTUGUESE PATIENTS AND FOR THE PORTUGUESE NHS WHEN COMPARED WITH CURRENT TREATMENT OPTIONS IN PORTUGAL?

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OBJECTIVES: Long-acting β2-agonists (LABAs) and long-acting muscarinic antagonists (LAMAs) have shown efficacy in preventing exacerbations in patients with COPD. Though these agents are effective in the treatment of COPD, deterioration in the patient’s quality of life can persist and therefore there is a need for improved treatment outcomes. In the SPARK trial, dual bronchodilation with QVA149 demonstrated advantages in reducing the risk of COP exacerbations in severe and very severe patients when compared to single bronchodilation with tiotropium. The objective of the study was to estimate the clinical benefits and the budget impact associated with the use of indacaterol 110 μg/glycopyrronium 50 μg (QVA149) instead of tiotropium 18 μg, in severe and very severe COPD patients (GOLD C and D) in Portugal. METHODS: A cost-consequence model was developed using the SPARK study data to derive treatment outcomes associated to the use of QVA149 instead of tiotropium. Primary outcomes of interest were COPD exacerbations and direct treatment costs were estimated for a 1 year. Local data was used to identify the target population, resource use and overall treatment costs. RESULTS: It is estimated that there are 11,239 GOLD C and D patients treated with tiotropium. Assuming that 20.5% of COPD patients see their primary care doctor with complaints about symptoms and exacerbations, 2,304 of those patients could be treated instead with QVA149. After 1 year of treatment with QVA 149 it is estimated that patients will experience 1,291 fewer exacerbations with a reduced total treatment cost compared to tiotropium. The analysis of sensitivity and uncertainty in severe COPD patients generated lower treatment costs in Denmark. METHODS: Medication costs from 2006 included all pharmaceuticals in the analysis which were inflated to 2015 price levels and then compared to today’s actual prices of medications used in the FAC arm (Pulmicort® Turbuhaler, Oxis® Turbuhaler, plus terbutaline as needed), FDC arm (Budesonide® Easyhaler® plus terbutaline as needed) and the budesonide/formoterol MART arm (Duoresp® Spiromax®). The same analysis was conducted for both Sweden and Denmark. RESULTS: The medication costs in the budesonide/formoterol MART arm is less costly when considering Duoresp® Spiromax®, SEK 3336.4 (SEK 4710.9) per patient and year compared to SEK 4163 (SEK 6157) in the FAC arm and SEK 7498.5 (SEK 5637.6) FAC arm. In Denmark the same trend is visible where the MART arm was SEK 4579 (DKK 5905) and the FAC arm 4510.4 (DKK 5171) in the FAC arm. CONCLUSIONS: Compared to conventional therapy (FAC + reliever) and free adjustable combination (FAC) arm, Duoresp® Spiromax® with FFA/B usage has the potential to be cost saving option with at least equivalent efficacy.

PSR41

COST-EFFECTIVENESS ANALYSIS OF THE FIXED COMBINATION INDACATEROL/ GLYCOPYRONIUM VS. Tiotropium and Salmeterol/ Fluticasone in the Management of COPD in GREECE

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OBJECTIVES: In the LANTERN study QVA149 significantly reduced the rate of moderate or severe exacerbations by 31% (p = 0.048) over Salmeterol/Fluticasone (SFC). The evidence suggests that the use of QVA149 can optimize treatment outcomes in patients with mild-to-severe COPD but at what cost to the Portuguese NHS? The study objective was to quantitate the potential clinical benefits and the budget impact associated with the use of QVA149 and SFC in the treatment of Portuguese patients with moderate-to-severe COPD with few or no exacerbations. METHODS: A cost-consequence model was developed using the SPARK study data to derive treatment outcomes for QVA149 and SFC. Primary outcomes of interest were COPD exacerbations (total, moderate and severe) and direct cost for the Portuguese NHS. Treatment costs and resource use were estimated for 1 year time horizon. Local data was used to identify the target population, resource use and overall treatment costs. RESULTS: It is estimated that there are 73,739 GOLD B patients diagnosed and treated in Portugal and 34,778 of those patients are treated with SFC and could be eligible to receive treatment with QVA149. After one year of treatment with QVA149 it is estimated that these patients may experience 6,608 fewer exacerbations (4,869 fewer moderate/severe) with a total treatment cost saving of €8,524,307 versus SFC treatment. CONCLUSIONS: The analysis suggests that once a day QVA149 can provide better treatment outcomes in patients with COPD with fewer treatment costs for the Portuguese NHS when compared with twice a day SFC in the treatment of moderate-to-severe COPD with few or no exacerbations.

PSR39

THE POTENTIAL SOCIETAL COST BENEFITS OF INCREASING PATIENT SATISFACTION BY USING AN INHALER WITH IMPROVED FEATURES COMPARED TO SPIRIVA® HANDIHALER®: A COST-BASED MODELLING OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) IN THE UK

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OBJECTIVES: Spiriva® Handihaler® (tiotropium) is available in a single capsule dry powder inhaler (DPI) for the treatment of COPD. As exacerbations and hospitalisation represent important drivers of health care costs and morbidity, there is a need to ensure that this priority should be given to interventions aimed at delaying the progression of disease, preventing exacerbations, and reducing the risk of comorbidities to alleviate the clinical and economic burden of disease. The potential societal cost benefits of improved COPD treatment selection, due to improved inhaler characteristics were investigated. METHODS: The eligible adult patient population was based on confirmed COPD diagnoses in UK, with the proportion of patients receiving Spiriva® Handihaler® based on an impact research data. The annual number of work days lost due to COPD was based on data from the UK. The monetary value of a productive day was based on the average monthly salary in the UK. A conservative assumption was made that the increased risk of severe exacerbation in patients with COPD treated with Spiriva® Handihaler® compared to Spirovia® Handihaler® was associated with a level of patient satisfaction to their treatment by – calculating an approximate number of unscheduled hospitalisations that users of a new inhaler would experience in the previous 12 months relative to Spiriva® Handihaler®. Patient satisfaction with their inhaler device was based on the survey of drivers of the choice in 68% and 52% respectively. The total annual societal cost per patient was €9,851 with the new inhaler and €10,891 with Spiriva® Handihaler®. The new inhaler costs €1,040 less per annum than Spiriva® Handihaler®.

CONCLUSIONS: New inhalers with improved features have the potential to offer substantial societal cost savings in COPD compared with Spiriva® Handihaler®.

PSR42

COST-EFFECTIVENESS OF UMECLIDINUM/VILANTEROL IN SYMPTOMATIC COPD SPANISH PATIENTS

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