infection, MXN$123 million for pneumococcal diseases, MXN$199 million for HIV, and MXN$18 million for tuberculosis. Cost savings for 1 year after adoption of the immunization program totaled MXN$23 million for RVF infection, MXN$38 million for pneumococcal diseases, MXN$133 million for HIV, and MXN$206 million for tuberculosis.

**CONCLUSIONS:** This model suggests that targeting RVF prophylaxis to high-risk groups can lead to substantial savings, with or without the impact of other preventive health programs for childhood diseases in Mexico.

**PRSA1**

**HEALTH CARE RESOURCE UTILIZATION AND REHOSPITALIZATION COSTS OF NEBULIZED ARFORMOTEROL FOR THE TREATMENT OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE**

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**OBJECTIVES:** Arformoterol tritrate inhalation solution (arformoterol) is a long-acting beta2-agonist indicated for long-term maintenance treatment of bronchoconstriction in patients with chronic obstructive pulmonary disease (COPD). Nebulized arformoterol is a short-acting beta-agonist indicated as rescue medication for acute COPD exacerbations, but often patients receive it in place of maintenance treatment. This analysis estimated total medical, pharmacy and rehospitalization costs for nebulized arformoterol compared with albuterol nebulated solution for the management of COPD in hospitalized patients.

**METHODS:** An economic model was built comparing health care resource utilization and rehospitalization costs for arformoterol and albuterol from the hospital perspective. Pharmacy costs were calculated on a per-dose basis and included costs of doses, frequency of administration, and hospital length of stay (LOS). Pharmacy costs were based on publicly available wholesale acquisition costs. Medical costs included COPD exacerbation hospitalization costs, rehospitalization costs, and post-therapy costs. Cost of COPD-related inpatient hospitalizations were calculated as the cost per day times the mean LOS. Rehospitalization costs were calculated as the cost per day times the mean LOS. Respiratory therapy costs were based on the number of daily sessions for administration and the hourly rate of respiratory therapy.

**RESULTS:** Mean LOS was 4.4 days for arformoterol vs. 5.2 days for albuterol. Arformoterol had lower rates of rehospitalization at 30, 90, and 180 days post-discharge, respectively (8.7% vs. 11.9%, 6.4% vs. 8.6% and 31.7% vs. 38.2%). Total medical and pharmacy costs per treated patient for arformoterol were $6,953 vs. $8,456 for albuterol, resulting in a savings of $1,503 per patient. Arformoterol yielded net savings of $338, $1,025, and $847 over albuterol in rehospitalization cost per treated patient at 30, 90 and 180 days, respectively. **CONCLUSIONS:** Total costs of arformoterol were less than albuterol nebulated solution cost due to lower hospitalization and rehospitalization costs.

**PRSA2**

**ECONOMIC BURDEN ASSOCIATED TO TOBACCO IN THE BRAZILIAN POPULATION**

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**OBJECTIVES:** To estimate the economic burden of lost productivity and health care resource use associated to tobacco in the Brazilian population among smoking and ex-smoking employees. **METHODS:** A structured search was performed on MEDLINE database (via PubMed) using the Mesh Database terms in accordance with the following terms (“Costs and Cost Analysis” [Mesh] AND [Smoking OR Tobacco OR “Nicotine Dependence” [Mesh]]) as well as the cost of absence days due to health events retrieved from national labor legislations; and average wage was retrieved from the Brazilian Institute for Geography and Statistics (IBGE) 2013.

**RESULTS:** The disease costs related to tobacco consumption, the inpatients’ visits with these complication were chosen by their diagnosis of COPD from the China Health Insurance Research Association claim database which includes a nationwide, cross-sectional sampling of inpatients’ visits in 2011. Several complications were chosen from reference to our objective complications. The results were based on the Chinese version of the Global Burden of Disease Study and the World Health Organization (WHO) Global Burden of Disease Study

**CONCLUSIONS:** The cost for COPD patients which might be for the surgery. Hospitalization cost varied according to the status of the patients, the disease(IHD). While, patients with osteoporosis had the most hospitalization (AF), diabetes mellitus (DM), hypertension, osteoporosis, ischemic heart disease (IHD). While, patients with osteoporosis had the most hospitalization complication among COPD patients, and osteoporosis increased the hospitalization rate of inpatients (n=139) by one-year post-index. ITT cost estimates were similar for actual and weight cost methods. ITT actual mean total costs were significantly higher for triple therapy patients (P<0.01); $20,013 (standard deviation [SD], $12,865) for triple, and $18,619 (SD, $11,619) for control (P<0.001). The results indicated that the introduction of arformoterol did not result in an economic burden in terms of cost for the patients, caregivers and payers. The analysis suggested that the introduction of arformoterol did not result in an economic burden in terms of cost for the patients, caregivers and payers.

**INCLUSION CRITERIA:** The analysis proceeded for last 3 years. Non-randomised trials and observational studies were included in accordance with the following terms (“Costs and Cost Analysis” [Mesh] AND [Smoking OR Tobacco OR “Nicotine Dependence” [Mesh]]) as well as the cost of absence days due to health events retrieved from national labor legislations; and average wage was retrieved from the Brazilian Institute for Geography and Statistics (IBGE) 2013.

**METHODS:** We conducted a time horizon of 6 months post-index. ITT cost estimates were similar for actual and weight cost methods. ITT actual mean total costs were significantly higher for triple therapy patients (P<0.01); $20,013 (standard deviation [SD], $12,865) for triple, and $18,619 (SD, $11,619) for control (P<0.001). The results indicated that the introduction of arformoterol did not result in an economic burden in terms of cost for the patients, caregivers and payers. The analysis suggested that the introduction of arformoterol did not result in an economic burden in terms of cost for the patients, caregivers and payers.

**CONCLUSIONS:** The weighted method allowed censored individuals to contribute cost information. AP analysis costs were lower than ITT costs, highlighting the impact of therapy discontinuation on analyses.

**PRSA3**

**HOSPITALIZATION COST OF INPATIENTS WITH COPD AND THEIR COMPLICATION STUDY IN CHINA**

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**OBJECTIVES:** The prevalence of COPD is higher and increases every year in China. To estimate hospital inpatient costs, LOS and complication among patients with severe COPD from a hospital perspective. **METHODS:** This retrospective analytic study was based on the hospitalization data from COPD patients in China from 2011. The main source of data was the China Health Insurance Research Association claim database which includes a nationwide, cross-sectional sampling of inpatients’ visits in 2011. Several complications were chosen from reference to our objective complications. The results were based on the Chinese version of the Global Burden of Disease Study and the World Health Organization (WHO) Global Burden of Disease Study.

**METHODS:** This retrospective analytic study was based on the hospitalization data from COPD patients in China from 2011. The main source of data was the China Health Insurance Research Association claim database which includes a nationwide, cross-sectional sampling of inpatients’ visits in 2011. Several complications were chosen from reference to our objective complications. The results were based on the Chinese version of the Global Burden of Disease Study and the World Health Organization (WHO) Global Burden of Disease Study.

**CONCLUSIONS:** While, patients with osteoporosis had the most hospitalization complication among COPD patients, and osteoporosis increased the hospitalization rate of inpatients (n=139) by one-year post-index. ITT cost estimates were similar for actual and weight cost methods. ITT actual mean total costs were significantly higher for triple therapy patients (P<0.01); $20,013 (standard deviation [SD], $12,865) for triple, and $18,619 (SD, $11,619) for control (P<0.001). The results indicated that the introduction of arformoterol did not result in an economic burden in terms of cost for the patients, caregivers and payers. The analysis suggested that the introduction of arformoterol did not result in an economic burden in terms of cost for the patients, caregivers and payers.

**RESULTS:** The analysis proceeded for last 3 years. Non-randomised trials and observational studies were included in accordance with the following terms (“Costs and Cost Analysis” [Mesh] AND [Smoking OR Tobacco OR “Nicotine Dependence” [Mesh]]) as well as the cost of absence days due to health events retrieved from national labor legislations; and average wage was retrieved from the Brazilian Institute for Geography and Statistics (IBGE) 2013.

**METHODS:** We conducted a time horizon of 6 months post-index. ITT cost estimates were similar for actual and weight cost methods. ITT actual mean total costs were significantly higher for triple therapy patients (P<0.01); $20,013 (standard deviation [SD], $12,865) for triple, and $18,619 (SD, $11,619) for control (P<0.001). The results indicated that the introduction of arformoterol did not result in an economic burden in terms of cost for the patients, caregivers and payers. The analysis suggested that the introduction of arformoterol did not result in an economic burden in terms of cost for the patients, caregivers and payers.

**CONCLUSIONS:** The weighted method allowed censored individuals to contribute cost information. AP analysis costs were lower than ITT costs, highlighting the impact of therapy discontinuation on analyses.

**PRSA4**

**SYSTEMATIC REVIEW OF ECONOMIC BURDEN IN SYMPTOMATIC CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) PATIENTS**

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**OBJECTIVES:** To systematically assess the global economic burden associated with COPD. To systematically assess the global economic burden associated with COPD.

**METHODS:** A systematic search was performed on MEDLINE, EMBASE and LilASCAP was conducted for last 10 years along with search of conference proceedings for last 3 years. Non-randomised trials and observational stud-