Mean savings per patient per year compared to formoterol/budesonide, Salmeterol/Fluticasone and Tiotropium were of COP 1,593,128.1 (USD822.9), COP 2,366,779.1 (USD1267.2) and COP 8,990.6 (USD46,64). The probabilistic sensitivity analysis presented Glycopyrronium as a dominant alternative compared to tiotropium and formoterol/ budesonide in more than 90% of the cases and against salmeterol/fluticasone the results were not conclusive. The Markov model was compared to other long-acting bronchodilators in the Colombian Health Care System.

**PRS36**

**THE COST EFFECTIVENESS ANALYSIS OF INDACATEROL VS TIOBUTIROP IN A CHINESE MEDICAL COST SETTING**

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**OBJECTIVE:** This study evaluated the cost-effectiveness of Indacaterol (150 µg) versus Tiotropium (25 µg) in elderly patients with Chronic obstructive pulmonary disease (COPD) in Guangzhou, China. **METHODS:** Markov model was developed to simulate the progression of COPD for 3 years and whole life respectively. The transfer probability in the Markov model and the utility of different Markov status were from the Indacaterol ‘s clinical trial conducted in the US. Medical cost data of Chinese COPD patients are extracted from the Guangzhou health insurb database. During the simulation, both the costs and utilities are annually depreciated at the rate of 3.5%. **RESULTS:** Within 3 years, the Indacaterol group cost 20,089 CNY per capita, and gained 2.515 QALY or 2.736 LY per capita; the Tiotropium group cost 23,616 CNY per capita and gained 2.143 QALY or 2.730 LY per capita. Thus, compared with the Tiotropium group, the Indacaterol group saved 3527 CNY per capita and gained more 0.008 QALY or 0.006 LY for every year and during within 3 years in lifetime simulation, indacaterol group cost 66150 CNY and gained 8.083 QALY or 10.327 LY per capita, while the Tiotropium group cost 74915 CNY and gained 8.000 QALY or 10.290 LY per capita. Thus, compared with the Tiotropium group gained 0.083 QALY or 0.079 LY per capita in the lifetime. **CONCLUSIONS:** According to the medical costs of COPD patients in Guangzhou, China, the cost-effectiveness of Indacaterol is dominant over that of Tiotropium.

**PRS37**

**ECONOMIC EVALUATION OF BUDERSONIDE/FORMOTEROL AS MAINTENANCE AND RELIEVER THERAPY IN PATIENTS WITH MODERATE OR SEVERE PERSISTENT ASTHMA**

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**BACKGROUND:** Asthma is a global health problem and currently it is estimated that 300 million people are affected. The aim of asthma treatment is to achieve and maintain control of asthma symptoms. The current economic evaluation analysis is to determine the cost-effectiveness of this treatment method. **OBJECTIVE:** The cost-effectiveness of Budesonide/Formoterol maintenance and reliever therapy for treatment of moderate or severe persistent bronchial asthma. **METHODS:** A cost-effectiveness analysis was performed using a decision tree that compares two treatment alternatives: budesonide/formoterol (maintenance and reliever) vs. salmeterol/fluticasone (maintenance) plus salbutamol (reliever). Efficacy data was obtained from scientific literature and direct medical costs was obtained from institutional sources. A deterministic and probabilistic sensitivity analysis was performed to determine the robustness of the model. Two measures of effectiveness were used: Life Years Gained without hospitalization (LYG) and Life Years Gained without severe exacerbation (LY Georges) for each treatment group. **RESULTS:** The clinical trial was conducted in the US. Medical cost data of Chinese COPD patients were extracted from the Guangzhou health insure database. During the simulation, both the costs and utilities are annually depreciated at the rate of 3.5%. **RESULTS:** Within 3 years, the Indacaterol group cost 20,089 CNY per capita, and gained 2.515 QALY or 2.736 LY per capita; the Tiotropium group cost 23,616 CNY per capita and gained 2.143 QALY or 2.730 LY per capita. Thus, compared with the Tiotropium group, the Indacaterol group saved 3527 CNY per capita and gained more 0.008 QALY or 0.006 LY for every year and during within 3 years in lifetime simulation, indacaterol group cost 66150 CNY and gained 8.083 QALY or 10.327 LY per capita, while the Tiotropium group cost 74915 CNY and gained 8.000 QALY or 10.290 LY per capita. Thus, compared with the Tiotropium group gained 0.083 QALY or 0.079 LY per capita in the lifetime. **CONCLUSIONS:** According to the medical costs of COPD patients in Guangzhou, China, the cost-effectiveness of Indacaterol is dominant over that of Tiotropium.

**PRS38**

**EVALUATION ANALYSIS COMPARISON TIOBUTIROP WITH SALMETEROL OR IPRAPROPION IN CHRONIC OBSTRUCTIVE PULMONARY DISEASE IN TAIWAN**

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**OBJECTIVE:** This study presents a cost effectiveness of tiotropium compared to salmeterol or ipratropium for patients with chronic obstructive pulmonary disease (COPD) in Taiwan. **METHODS:** A medical reimbursement claims databases from Taiwan's National Health Insurance were used. National Health Insurance enrol- lees who had an index event of at least one prescription claim (index medication) for either tiotropium, salmeterol or ipratropium during the study period (January 1, 2002-December 31, 2006) and met all eligibility criteria were classified into one of three groups according to their medication use. **RESULTS:** The study population included 34648 patients (n=155 COPD cohort, n=169 salmeterol, n=1918 ipratropium). The estimated mean annual cost per patient on tiotropium was NT$749581, on salmeterol was NT$745039, and on ipratropium was NT$36645. **CONCLUSIONS:** The cost of tiotropium being cost effective ranged from 20% to 30% at a willingness-to-pay of NT$0 to QALY and reached at least a 70% at a willingness-to-pay of NT$600000 per QALY across comparisons. **CONCLUSIONS:** Tiotropium is more expensive than salmeterol or ipratropium in Taiwan's National Health Insurance.