mements in forced vital capacity, 6 minute walk distance (6MWD) and pharmacotherapy free survival. Patients treated with Budesonide showed a 51.8% change in the predicted forced vital capacity which reduced disease progression in 234% compared to Prednisone, azathioprine and N-acetylcysteine at a cost of $121,293 USD vs $154,562 USD respectively. When measuring exacerbations, budesonide group avoided 6 exacerbations on average for a saving of $17,978 USD. CONCLUSIONS: Using budesonide for treating obstructive pulmonary fibrosis is a cost-effective alternative versus the current treatments available. The results also suggest that the economic benefit of using budesonide in exacerbating patients can lead to important savings not only for the IMSS but also for the Mexican Health System as well.

PRS13 EVALUACION ECONOMICA DE TRES TERAPIAS PARA LA ENFERMEDAD PULMONAR OBSTRUCTIVA CRÓNICA EN CHILE. ANÁLISIS DE COSTO UTILITY
Rojas Ruben R, Biagini Leandro L, Fuentelba Francisca F
Universidad Mayor, Santiago, Chile

OBJECTIVOS: La Enfermedad Pulmonar Obstructiva Crónica (EPOC) es la octava causa de muerte en Chile y su curso es progresivo y con frecuentes exacerbaciones. El objetivo de este trabajo fue determinar la relación de costo efectividad incremen-
tal para 3 alternativas de tratamiento de la EPOC disponibles en Chile desde la perspectiva del sector público de salud. METODOLOGÍAS: Los tratamientos que se compararon fueron QVA149 + Budesonida, Salmeterol y Fluticasona + Topiroytio y Salmeterol y loprostagol + Budesonida. Se elaboró un modelo de micro simulación por paciente individual. El número de exacerbaciones experimentadas por cada paciente fue uno de los determinantes para la generación de nuevas exacerbaciones y para la progresión entre los distintos estados de la enfermedad. Los costos fueron medidos durante el periodo de la observación en el servicio de atención ambulatoria (AVACs). Tanto las utilidades, la efectividad y otros datos epidemiológicos relevantes para el modelo fueron obtenidos de la literatura nacional e internacional. Los costos fueron obtenidos de las canastas del programa con Garantías Explicitas en Salud y de las canastas de la modalidad de atención institucional del seguro público de salud (FONASA). Se midieron tanto costos directos como indirectos. El horizonte de análisis se extendió a un período de 5 años. Los costos y efectividad se expresaron a través de una tasa del 3% anual. RESULTADOS: Los costos y los AVACs obtenidos con cada alternativa fueron $ 16.985.049 y 17.05 para QVA149 + Budesonida; $ 19.896.125 y 16.37 para Salme-
terol + Fluticasona + Topiroytio y $ 25.667.991 y 15.84 para Salmeterol + loprostagol + Bude-
sonida. El QVA149 + Budesonida resultó la alternativa dominante frente a las otras dos y este resultado se mantuvo en el análisis de sensibilidad efectuado. CONCLUSIONES: La terapia con QVA149 + Budesonida resultó ser más efectiva y menos costosa, y logra generar la menor cantidad de eventos de exacerbación respecto a las otras terapias. Este resultado es robusto, ya que no varía con el análisis de sensibilidad. El modelo utilizado logró capturar la complejidad de la enfermedad.

RESPRATORY-RELATED DISORDERS – Patient-Reported Outcomes & Patient Preference Studies

PRS14 IMPACT OF A PHARMACOTHERAPY FOLLOW-UP PROGRAM ON THE COST-MONTH-PATIENT, STRATIFIED BY RISK-PHARMACOLOGICAL TYPE
Extrafo1, Ramchandran AM2, Sena JA3, Herrera R4, AM5
1CES University, Medellín, Colombia, 2UPB University, Medellín, Colombia, 3Antioquia University, Medellín, Colombia

BACKGROUND: Several studies reported that skip-doses and an inhalation tech-
nique inadequate are the most prevalent risks in patients diagnosed with chronic obstructive pulmonary disease (COPD), such risks are associated with increased health costs, mortality and increased emergency room visits, hospitalization and gradual progression of pharmacological therapeutic failures. OBJECTIVES: Determine the cost-month-patient average stratified by type of risk-pharmaco-
logical, after evaluation by a pharmacoepidemiological monitoring program. METODOLOGÍAS: Type of study: analysis before and after. Patients diagnosed with COPD. Observation period: January 2012 to June 2014 (N: 108). risk-pharmacological: incorrect inhala-
tion technique and skip-doses. Outcome of interest: the average cost was calculated cost-month-patient before and after the education provided by the Pharmaceutical, stratified into two groups, those patients with risk-pharmacolo-
nique 146.9 [115 to 194] cost before Pharmacotherapy follow-up, 169.9 [115.4 to 251.8] and after the pharmacotherapy follow-up 150.7 [109.9 to 278.1], difference to 12.7%. (The cost is reported as USD, 1USD = 1.906,90CP; median [interqua-
tile range]). CONCLUSIONES: The patients with risk-pharmacological showed a higher cost-month. The average cost-month-patient was lower after the education provided by the Pharmacotherapy follow-up program.
PSY3 MATTERS OF WEIGHT: FINANCIAL BURDEN OF OVERWEIGHT AND OBESITY IN MEXICO
Santos DR1, Gutiérrez-Delgado C2
1Secretaría de Salud, Mexico, D.F., Mexico, 2Economic Analysis Unit, Mexico City, Mexico
OBJECTIVES: Estimate direct and indirect costs generated by eight diseases related to obesity in the Mexican population for the period 1999-2002. METHODS: Data on diabetes, cardiovascular disorders (CVD), osteoarthritis, and malignant tumors (esophagus, pancreas, breast, cervix, colon-rectal) are analyzed for 2004-2005. Cost of illness approach was used for direct cost estimates; Indirect costs are estimated by the human capital approach that includes lost income due to premature death (LID), temporary disability subsidies (TDS), permanent disability pension (PDP) and opportunity cost for the non-medical care giver (OCC). RESULTS: Annual average direct costs generated by the eight diseases related to obesity represented 17% of the total public medical care expenditure (0.1% of GDP) of 2013. Diabetes and CVD contributed with 80% of such costs. Annual average indirect costs represented 0.2% of GDP of 2013 and are dominated by LID (64%) followed by PDP (19%) and OCC (10%). CONCLUSIONS: Findings show the need of continue efforts to address the challenge posed by obesity for both the Mexican health care system in terms of financial sustainability and the Mexican society as a whole in terms of significant reductions in productivity in the short and midterms. Of particular relevance is the recent implementation of the National Strategy to Prevent and Control Obesity and Diabetes which should be monitored and evaluated in order to document effectiveness of public policy interventions in the O&O arena for the Mexican case.

PSY4 ACRONEMALY PATIENTS WITH INADEQUATE RESPONSE TO MAXIMUM DOSE OCTREOTIDE-LAR PROGRESS TO TREATMENT IN THE PUBLIC PERSPECTIVE FROM THE SOURO STATE FERREIRA CN1, Ruffa AP2, Cisneros CR3, 1Instituto de Neurociencias, 2CFM, 3PSY7
OBJECTIVES: This study evaluated the cost-effectiveness of pegvisomant compared to octreotide-LAR and the incremental Budget Impact Analysis (IBIA) from the public health perspective in São Paulo State. METHODS: The economic evaluation assumed octreotide-LAR to be first line treatment as (recommended to acromegaly Ministry of Health Brazilian guideline). In certain clinical conditions patients who fail to achieve biochemical control will receive octreotide-LAR staggered dose (off-label use). This population was used for the analysis, and compared to a population of patients with acromegaly treated with pegvisomant. To estimate costs and treatment outcomes, a Markov model was developed, representing the control rate of patients treated with pegvisomant or maintained dose staggered octreotide-LAR. All patients entering the model who were unresponsive to the maximum octreotide-LAR dose based on the transition probabilities and as second-line treatment in adult non-splenectomised patients for chronic graft-versus-host disease (cGvHD) has become a focus of morbidity following allogeneic hematopoietic stem cell transplantation. Given that cGvHD often represents years of life and “years living with disability”. A long-term and morbidty, mortality and consequent wages foregone, even as comparison with the cost of transplant and normative follow-up. Relapse due to primary disease (29%) and cGvHD (22%) were reported by the literature to be the leading causes of premature death. METHODS: Data on cGvHD is from surveys of long-term survivors and morbidity, mortality and consequent wages foregone, even as comparison with the cost of transplant and normative follow-up. Relapse due to primary disease (29%) and cGvHD (22%) were reported by the literature to be the leading causes of premature death. RESULTS: The systematic review has initially provided results of effectiveness of the interventions in the O&O arena for the Mexican case.

PSY5 BURDEN OF COST IN CHRONIC GRAFT VERSUS HOST DISEASE FOLLOWING HEMATOPOIETIC STEM CELL TRANSPLANTATION: PREDICTIONS FOR THE NEXT DECADE
Jones CM1, Fernandez RL2, Mesa OA2, Weimersheimer P1, Peters C3
1University of Vermont College of Medicine, Burlington, VT, USA, 2Therakos, Inc., Wokingham, Berkshire, UK, 3Telaros, Inc., West Chester, PA, USA
OBJECTIVES: With advances to treating acute graft-versus-host disease (aGvHD), chronic graft-versus-host disease (cGvHD) will become a focus of morbidity following alloegenic hematopoietic stem cell transplantation. Given that cGvHD often presents years following a transplant, our objective was to estimate its burden of cost based on published estimates of incidence, morbidity, lost work time and survivorship. METHODS: Treatment pathways and adverse events were evaluated in terms of direct cost from published sources. Additional cost estimates for readmission and follow-up care were analyzed and compared between non-cGvHD patients and grades I-IV of cGvHD over a 5 year horizon, based on studies conducted in the United States and the United Kingdom. The population estimates were based on age-adjusted United States Census Bureau reported average wages, wage growth and the probability that with illness these would be foregone. RESULTS: The treatment cost of cGvHD is factors associated with long term on morbidity, mortality and consequent wages foregone, even as comparison with the cost of transplant and normative follow-up. Relapse due to primary disease (29%) and cGvHD (22%) were reported by the literature to be the leading causes of premature death. CONCLUSIONS: The burden of cGvHD from a societal perspective, in São Paulo State Health Secretariat (SHS/SP), this study evaluated the cost-effectiveness of pegvisomant compared to octreotide-LAR staggered dose (off-label use). This population was used for the analysis, and compared to a population of patients with acromegaly treated with pegvisomant. To estimate costs and treatment outcomes, a Markov model was developed, representing the control rate of patients treated with pegvisomant or maintained dose staggered octreotide-LAR. All patients entering the model who were unresponsive to the maximum octreotide-LAR dose based on the transition probabilities and as second-line treatment in adult non-splenectomised patients for chronic graft-versus-host disease (cGvHD) has become a focus of morbidity following allogeneic hematopoietic stem cell transplantation. Given that cGvHD often represents years of life and “years living with disability”. A long-term and morbidty, mortality and consequent wages foregone, even as comparison with the cost of transplant and normative follow-up. Relapse due to primary disease (29%) and cGvHD (22%) were reported by the literature to be the leading causes of premature death. RESULTS: The systematic review has initially provided results of effectiveness of the interventions in the O&O arena for the Mexican case.