PRS7  BURDEN OF COST IN BRONCHIOLITIS OBLEFTERANS SYNDROME (BOS): PREDICTIONS FOR THE NEXT DECADE
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OBJECTIVES: Transplanted lungs present much higher rates of complication and acute rejection than in other solid organ transplants, both immediately following surgery and throughout the patient’s life. The most common life-threatening risk following lung transplantation is a disease called bronchiolitis oblefterans syndrome (BOS), a late complication when compared to early transplant-related mortality. This disease has been found to occur in approximately 50% of all lung transplants, but can also result with (5.5% incidence) from stem cell transplantation. The majority of such transplant survivors will have been in gainful employment prior to surgery and yet hall will live or be at risk for developing BOS. Therefore, patients are mainly retired people living with the transplant. The delay in the onset nature of BOS means that its prevalence overshadow its incidence. Our objective was to estimate this burden of cost from the human capital perspective projected for the decade ahead. METHODS: Transplant statistics were evaluated using data from both the United Network for Organ Sharing (UNOS) and Leukemia and Lymphoma Society (LLS). Prevalence of BOS, time delay to onset, treatment costs, family and caregiver costs, average wage assumptions, and age-specific opportunity costs were evaluated from published sources, adjusted for inflation and projected over a ten-year time horizon. RESULTS: BOS presents a burden on the success measures of many settings. Over the next decade, 14,771 future BOS patients are estimated to accrue 301,658 years of lost wages. This cumulative lost work will result in total cost of $96,223 and $20,274 respectivley. Un analysis valoracion de bases electrónicas públicas para una cohorte de pacientes con agudizaciones de asma. El tratamiento ambulatorio y hospitalario fueron los criterios para establecer los costos: el ambulatorio se estimo es 79% mayor. Reducir el riesgo de los sufrir estos episodios con la elección correcta de tratamiento seria relevante para las instituciones Mexicanas.

PRS8  TRATAMIENTO AMBULATORIO VERSUS HOSPITALARIO RELACIONADO CON AGUDIZACIONES EN PACIENTES CON ASMA DESDE UNA PERSPECTIVA INSTITUCIONAL PUBLICA MEXICANA
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OBJECTIVES: Evaluate and compare the use and frequency of care and costs associated with the diagnosis of asthma, hospitalization and hospital, and the perspective of the Institute (IMSS). METHODOLOGIES: By this analysis the Institute (IMSS) will be an estimate to determine the costs and benefits of the treatment of asthma patients. The model comprised the following mutually exclusive health states: free progression, medication with beta agonist, medication with beta agonist and corticosteroïdes, medication with beta agonist and corticosteroïdes and metinidate. The CUA cost estimates were made using the possibility of a 5% discount rate over the years.

PRS9  EVALUACION ECONOMICA DE LOS PRINCIPALES ESTEROIDES INTRANASALES UTILIZADOS PARA EL TRATAMIENTO DE PACIENTES PEDIATRICOS CON RINITIS ALERGENA EN COLOMBIA
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OBJECTIVES: The objective of this study was to compare the cost-effectiveness of the information software to calculate the cost effectiveness of the treatment with the software, the comparison was made by comparing the costs of the treatment with the software.

PRS10  COSTO - EFECTIVIDAD DE LA COMBINACIÓN DE GLICOPROPRIONA/INDACATEL VS. INDACATEL/FLUTICASONINA: METODOLOGÍAS DE DETERMINACIÓN DE COSTOS Y BENEFICIOS DESCRITAS EN INVESTIGACIONES (PRIS) 51 A 55
Karpf E1, Londoño DT2, Olivera JA3
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OBJECTIVES: Estimate the cost effectiveness of glucocorticoid/indacaterol, front a Social Security perspective, for the treatment of the Airways Pulmonary Obstructive Crónica (EPOC) in Colombia (SUA). Karpf E1, Londoño DT2, Olivera JA3,1

PRS11  A PROSPECTIVE PRESCRIPTION COST ANALYSIS OF ASTHMA MEDICATION
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OBJECTIVES: To review patient’s prescriptions and calculate direct cost for the treatment and management of asthma. METHODS: A prospective cross-sectional detailed review of 180 prescriptions written by 6 doctors was conducted at respiratory department of hospital pulau pinang, Malaysia. Medication price was confirmed from the hospital formula and their prices were adjusted for inflation. RESULTS: A total of 5 different classes of medications were prescribed to 180 asthma patients, 49% were the most common prescribed asthama medication that included Salbutamol 72 (39.8) and albuterol 20 (11) followed by Corticosteroids that included budesonide 59 (32.8%), prednisolone 34 (18.8%) and fluticasone (6.1%). Conclusion: The cost of budesonide/formoterol combination medication were prescribed followed by fluticasone/salmeterol 40 (22.2%). A total of RM 1061.70(MUSD) medication were prescribed to 180 asthma patients with average cost of RM 59.08 per patient. The combination medication of budesonide and formoterol RM 523 (22.7%) made the majority of total cost of asthma medication. Spirometry was performed for all 180 patients in every hospital visit that costed RM 540.00. The cost of services provided by doctors and nursing staff for 180 asthma patients for single visit was RM 118.8 and RM 331.2 respectively CONCLUSIONS: Combination medication adds a substantial cost to overall asthma cost. Careful selection of asthma pharmacotherapy can greatly reduce medication cost without compromising on treatment outcomes.

PRS12  COST-EFFECTIVE EVALUATION OF FIREFENDONE FOR TREATING IDIOPATHIC PULMONARY FIBROSIS IN MEXICO
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OBJECTIVES: Idiopathic pulmonary fibrosis is a chronic, progressive and fatal lung disease that is characterized by irreversible loss of lung function. Firefendone is an oral antifibrotic therapy for the treatment of idiopathic pulmonary fibrosis with significant effects on reducing disease progression and exacerbations. The objective of this study was to compare the cost-effectiveness analysis comparing firefendone vs. other current pharmacological alternatives available. METHODS: Firefendone is compared to Prednisone, azathioprine, and N-acetylcysteine in a Markov model. The Markov model was developed to estimate incremental costs and benefits in this population of patients using a 1 year time horizon. The model comprised the following mutually exclusive health states: free progression, progression (defined as the time to the first occurrence of exacerbation) and death. Data were obtained from a systematic search of the scientific literature. Disease costs and exacerbation costs derived from the IMSS’ Groups Related to Diagnosis (GRD). Costs were converted to US dollars (1 USD = 15.42 MXN). The perspective of the analysis was that of the Mexican Social Security Institute (IMSS). RESULTS: Firefendone offers a clinically significant improve-