PSRS24

OBSERVATIONAL STUDY OF THE OUTCOMES AND COSTS OF INITIATING INHALED LONG-ACTING BRONchodilATORS VERSUS INHALED SHORT-ACTING BRONchodilATORS THERAPY IN NEwLY DIAGNOSED COPD PATIENTS

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OBJECTIVES: The cost-effectiveness of adding a long-acting bronchodilator (LABA) to inhaled corticosteroid (ICS) in newly diagnosed COPD patients has not been investigated.

METHODS: A Markov cohort model was employed to model outcomes in newly diagnosed COPD patients who were treated with the LABA vilanterol (VI) or the long-acting beta agonist (LABA) formoterol (FORM). The model included two treatment arms: initiating the LABA VI or the LABA FORM. The primary outcome was the incremental cost-effectiveness ratio (ICER), calculated as the incremental cost per quality-adjusted life-year (QALY).

RESULTS: The model showed that initiating VI as a LABA resulted in lower incremental cost per QALY gain compared to initiating FORM, with savings of $19,220 per QALY gained.

CONCLUSIONS: Adding a long-acting bronchodilator to newly diagnosed COPD patients is cost-effective compared to adding a LABA to either a medium or high-dose ICS regimen.