Comprehensive insurances were 72% more (OR = 1.33, 95% CI 1.24-1.44) compared with no insurance. Among the patients with asthma, the readmission rate within 30 days after the index hospitalization served as risk factors for 30-day readmissions. Patients with persistent asthma and chronic obstructive pulmonary disease (COPD) from market-leading DPIs in the United Kingdom (UK) - Symbicort® Turbuhaler® and Seretide® Accuhaler® - were used to evaluate the impact of each DPI on medication adherence. Results: The model estimated that 462,926 adult patients use Symbicort® Turbuhaler® and 357,088 Seretide® Accuhaler® annually and were therefore eligible for treatment with DuobeSp® Spironax®, with 174,403 and 123,168 of these patients reporting and demonstrating a significant improvement in inhalation technique with DuobeSp® Spironax® compared with these DPIs, resulting in further savings of $4.78 million. Conclusions: DuobeSp® Spironax® is likely to offer budgetary savings compared with market-leading DPIs in further cost savings potentially resulting from improved inhalation technique.

**PRS18**
**INPATIENT VERSUS OUTPATIENT TREATMENT RELATED TO EXACERBATION EPISODES IN CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) FROM A PUBLIC MEXICAN INSTITUTIONAL PERSPECTIVE**

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**OBJECTIVE:** To estimate and compare the use and frequency of medical resources, including relevant outcomes as hospitalization, physician visits, intensive care unit, surgery, medication use, clinical studies among others. Unitary costs were obtained from public tabulators (2014 IMSS). Mean frequency values were weighted with its corresponding costs. **RESULTS:** In 2013, 1,612 episodes of exacerbations were reported by the studied subjects. Patients over 45 years represented 97% of all cases, being those over 65 years the most frequent (81%). A mean average of 5.6 days of inpatient care was reported at the study horizon. Yearly weighted cost of treatment for outpatient and inpatient care was US$8,630 and US$5,129, respectively. A unitary item costs analysis from the inpatient versus the outpatient treatment groups found a significant increase in medication use (+83%), specialty visits (+100%), surgery (+100%) among other items. **CONCLUSIONS:** In the treatment of exacerbation episodes in patients with COPD, the highest cost per year of inpatient versus outpatient care was estimated to be 83% higher. Reducing the risk of exacerbation episodes with the right treatment choice would be relevant for Mexican institutions.

**PRS19**
**HEALTH-CARE COSTS OF ASTHMA ARE LOWER USING MP29-02 VS. SEQUENTIAL SPRAYS FOR ALLERGIC RHINITIS**

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**OBJECTIVE:** Allergic rhinitis (AR) affects 20% of the population, and 40% of these patients report a diagnosis of asthma. This work has shown that treatment of AR improves asthma control. The objective was to examine healthcare costs related to AR and asthma for patients either treated with MP29-02, a novel intranasal formulation of azelastine hydrochloride and fluticasone propionate in an advanced delivery system, or combination therapy with a single ingredient intranasal antihistamine (INA) and intranasal corticosteroid (INS) sprays. **METHODS:** A retrospective analysis of medical and pharmacy claims of a commercially-insured U.S. population was performed to evaluate differences in costs between two treatment groups (MP29-02 and INA/INS combination therapy). Medical and pharmacy claims occurring between 9/1/2011-3/31/2014 were used. Inclusion criteria included a diagnosis of rhinitis (defined by ICD-9 472.0, 477.xx), at least claim for a prescription intranasal spray (designed as the index date) during the identification period (8/1/2012-12/31/2013). **RESULTS:** 12 months pre-index and 6-months post-index continuous enrollment, and no pre-index claims for an intranasal spray. Patients diagnosed with asthma (493 sax) during the observation period were flagged. The study population was used to control for demographic, comorbidity, geographical and seasonal attributes. Adjusted mean AR-related and asthma-related costs for 6-months post-index were compared. **RESULTS:** Total medical and pharmacy costs for the MP29-02 cohort (n=810) were $2,782, statistically significant lower than for INA/INS cohort (n=726) with $3,493 (p=0.007). For the sub-cohort with asthma, the MP29-02 cohort (n=109) had lower asthma-related pharmacy costs ($247 vs $796, p=0.019) and total asthma-related costs ($429 vs $1,029, p=0.007) compared to the INa/INS sub-cohort (n=113). **CONCLUSIONS:** For individuals with asthma and rhinitis, MP29-02 is associated with lower asthma-related costs compared to sequential INA/INS therapy in particular for pharmacy costs highlighting the economic impacts of formulation and delivery system in intranasal AR therapy. **Dymista**