explore the cost implications of prescribing Ellipta portfolio in appropriate patients versus alternative therapies, in line with clinical guidelines. METHODS: a one-year BIM was constructed to explore financial implications of prescribing Ellipta medicines as alternative treatment options to currently prescribed therapies. The BIM is based on UK prescription analysis, epidemiological and resource data. The BIM uses prescription data to generate patient cohorts and progresses them to more intensive therapy based on estimates of symptoms of exacerbation or breathlessness. It also considers medicines optimisation for patients that could benefit from simplified regimens. Furthermore, the BIM estimates the budget impact of moving patients using non-licensed ICS/LABA to licensed therapies. It is allowed definition of treatment progresses, using appropriate Ellipta devices to target bronchodilator or steroid based regimens. Costs are calculated using market share of current treatments vs. a scenario in which Ellipta medicines are patient efficacies. Differences in patient outcomes, efficacy or safety are not explored. RESULTS: It is estimated that the average health economy in the UK has 5,518 COPD patients of whom 1,320 are eligible to be progressed in their medication. In year 1 compared to a base case scenario without the introduction of the new COPD therapies (100% implementation rate for new incident patients and 50% for all others) would increase spend by £247,830 compared to a reduced budget impact of £131,920 if these eligible patients were moved to Ellipta medicines. CONCLUSIONS: The budget impact analysis results obtained on the budget impact and total spend on COPD therapies by £379,750 in the average UK health economy compared to current prescribing patterns. Funded by Glaxo.

PRS21
BUDGET IMPACT ANALYSIS OF FORMOTEROL EASYHALER IN THE TREATMENT OF ASTHMA IN CHILDREN IN THE RUSSIAN FEDERATION

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OBJECTIVES: To conduct the budget impact analysis of Formoterol Easyhaler, which allows to assess the effect of the switch of one of the most expensive drugs in Russia in terms of budget impact of the replacement of one medicine to another. METHODS: Information search was conducted in the public domain. Pharmacoeconomic analysis method – budget impact and cost benefit of increasing treatment satisfaction, due to the improved characteristics of inhaler attributes, inhaler satisfaction, adherence and patient health status were used within the model to determine the correlations between inhaler satisfaction, treatment adherence and unscheduled healthcare events. Using these correlations, an annual number of UK unscheduled healthcare events associated with COPD was calculated for patients using a new improved inhaler and Spiriva® Handihaler®. RESULTS: The annual UK costs of treating COPD patients for unscheduled healthcare events were £1,507.02 with Spiriva® HandiHaler® vs. £922.14 with the new inhaler. Potential budgetary savings achieved by using the new inhaler instead of Handihaler® were calculated at £104.91 per patient and £16.69 million for the UK COPD patient population per year. CONCLUSIONS: There is a potential for a new improved tiotropium inhaler to offer budgetary savings compared with Spiriva® Handihaler® resulting from cost benefits due to increased patient satisfaction with their inhaler.

PRS19
ESTIMATING SEASONAL ALLERGIC CONJUNCTIVITIS MARKET SIZE AND SPENDING

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OBJECTIVES: Spiriva® Handihaler® (tiotropium) is a single capsule dry powder inhaler (DPI) for the treatment of COPD. A budget impact model was developed to assess the economic impact of this novel DPI versus an existing DPI of tiotropium, with the cost saving potential of tiotropium Respimat® maintenance therapy has the potential to be cost-saving to the UK NHS. These cost-savings largely result from a predicted 0.8% reduction in primary and secondary care costs. Whilst treatment switch should be driven by clinical rationale and patient preference, this finding has implications for medicine optimisation in the UK.

PRS18
THE BUDGET IMPACT OF AN INHALER WITH IMPROVED FEATURES COMPARED TO SPIRIVA® HANDIHALER® FOR THE MANAGEMENT OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) IN THE UK: ESTIMATED IMPACT ON UNSCHEDULED HEALTHCARE COSTS AND INHALER SATISFACTION

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OBJECTIVES: The 5-year budget impact of displacement of tiotropium by tiotropium + olodaterol Respimat® maintenance therapy has the potential to be cost-saving to the UK NHS. These cost-savings largely result from a predicted 0.8% reduction in primary and secondary care costs. Whilst treatment switch should be driven by clinical rationale and patient preference, this finding has implications for medicine optimisation in the UK.

PRS17
EVALUATING THE BUDGET IMPACT OF REPLACING TIOTRIUM WITH OLODATEROL IN COPD: THE 5-YEAR BUDGET IMPACT OF DISPLACEMENT OF TIOTROPIUM BY TIOTROPIUM + OLODATEROL RESPIMAT® MAINTENANCE THERAPY

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OBJECTIVES: The 5-year budget impact of displacement of tiotropium by tiotropium + olodaterol Respimat® maintenance therapy has the potential to be cost-saving to the UK NHS. These cost-savings largely result from a predicted 0.8% reduction in primary and secondary care costs. Whilst treatment switch should be driven by clinical rationale and patient preference, this finding has implications for medicine optimisation in the UK.