A cost-consequence model was used to identify the target population, resource uses and overall treatment exacerbations (total, moderate and severe) and direct cost for the Portuguese NHS. The monetary value of a productive day was based on data from the UK. The impact associated with the use of QVA149 and SFC in the treatment of Portuguese patients with mild-to-severe COPD but at what cost to the Portuguese NHS? The study objective was to quantify the potential clinical benefits and the budget impact associated with the use of indacaterol 110 μg/glycopyrronium 50 μg (QVA149) instead of tiotropium 18 μg. Primary objectives of interest were COPD exacerbations and direct cost for the NHS. Treatment outcomes and costs were estimated for a 1 year. Local data was used to identify the target population, resource use and overall treatment costs. RESULTS: It is estimated that there are 11,239 GOLD C and D patients treated with tiotropium. Assuming that 20.5% of COPD patients see their primary care doctor with complaints about symptoms and exacerbations, 2,304 of those patients could be treated instead with QVA149. After 1 year of treatment with QVA149 it is estimated that patients will experience 1,291 fewer exacerbations with a reduction of 36 in severe overall treatment exacerbations in severe and very severe patients when compared to single bronchodilator with the budget impact associated with the use of indacaterol 110 μg/glycopyrronium 50 μg (QVA149) instead of tiotropium 18 μg, in severe and very severe COPD patients (GOLD C and D) in Portugal. METHODS: A cost-consequence model was developed using the SPARK study data to derive treatment outcomes associated to the use of QVA149 instead of tiotropium. Primary outcomes of interest were COPD exacerbations and direct cost for the NHS. Treatment outcomes and costs were estimated for a 1 year. Local data was used to identify the target population, resource use and overall treatment costs. RESULTS: It is estimated that there are 11,239 GOLD C and D patients treated with tiotropium. Assuming that 20.5% of COPD patients see their primary care doctor with complaints about symptoms and exacerbations, 2,304 of those patients could be treated instead with QVA149. After 1 year of treatment with QVA149 it is estimated that patients will experience 1,291 fewer exacerbations with a reduction of 36 in severe overall treatment exacerbations in severe and very severe patients when compared to single bronchodilator. CONCLUSIONS: Symptom control in COPD is essential and evidence shows that dual bronchodilator with QVA149 brings benefits when compared to tiotropium. The use of QVA149 in symptomatic patients instead tiotropium may improve treatment outcomes and reduce overall costs for the Portuguese NHS.

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PRS34

UPDATING MEDICATION COSTS FROM A REAL-LIFE COST-EFFECTIVENESS EVALUATION OF BUDENOSIDE/FORMOTEROL MAINTENANCE AND RELIEVER THERAPY IN ASTHMA MAINTENANCE AND RELIEVER THERAPY IN ASTHMA patients with COPD but at what cost to the Portuguese NHS? The study objective was to quantify the potential clinical benefits and the budget impact associated with the use of indacaterol 110 μg/glycopyrronium 50 μg (QVA149) instead of tiotropium 18 μg, in severe and very severe COPD patients (GOLD C and D) in Portugal. METHODS: A cost-consequence model was developed using the SPARK study data to derive treatment outcomes associated to the use of QVA149 instead of tiotropium. Primary outcomes of interest were COPD exacerbations and direct cost for the NHS. Treatment outcomes and costs were estimated for a 1 year. Local data was used to identify the target population, resource use and overall treatment costs. RESULTS: It is estimated that there are 11,239 GOLD C and D patients treated with tiotropium. Assuming that 20.5% of COPD patients see their primary care doctor with complaints about symptoms and exacerbations, 2,304 of those patients could be treated instead with QVA149. After 1 year of treatment with QVA149 it is estimated that patients will experience 1,291 fewer exacerbations with a reduction of 36 in severe overall treatment exacerbations in severe and very severe patients when compared to single bronchodilator. CONCLUSIONS: Symptom control in COPD is essential and evidence shows that dual bronchodilator with QVA149 brings benefits when compared to tiotropium. The use of QVA149 in symptomatic patients instead tiotropium may improve treatment outcomes and reduce overall costs for the Portuguese NHS.

PRS39

THE POTENTIAL SOCIETAL COST BENEFITS OF INCREASING PATIENT SATISFACTION BY USING AN INHALER WITH IMPROVED FEATURES COMPARISON OF IND/GLY AND TIO (MANAGEMENT OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) IN THE UK) Nicolò J1, Torriveness S1, Comberia U1, Miles R1, Greaney MP1, Howard D1, Pitch A1
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OBJECTIVES: Spiriva® Handihaler® (tiotropium) is available in a single capsule dry powder inhaler (DPI) for the treatment of COPD. As exacerbations and hospitalisations represent important drivers of costs and morbidity in COPD, priority should be given to interventions aimed at delaying the progression of disease, preventing exacerbations, and reducing the risk of comorbidities to alleviate the clinical and economic burden of disease. The potential societal cost benefits of improved treatment adherence, due to improved characteristics of inhaler devices were investigated. METHODS: The eligible adult population was based on confirmed COPD diagnoses in UK, with the proportion of patients receiving Spiriva® Handihaler® based on an impact research data. The annual number of work days lost due to COPD was based on data from the UK. The monetary value of a productive day was based on the average monthly salary in the UK. A conservative assumption was made that the increased use of the more effective daily dose of Spiriva® Handihaler® compared to SFC would lead to savings for the healthcare system.

PRS41

COST-EFFECTIVENESS ANALYSIS OF THE FIXED COMBINATION INDACATEROL/ GLYCOPYRONIUM VS. Tiotropium and Salmeterol/ Fluticasone in the Management of COPD in Greece George V1, Stelios Stavrounovou H1, Kaliakmanis M1, Mitsiski E1, Panotti F1, Steiropoulos P1
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OBJECTIVES: The study aimed at estimating the cost-effectiveness of the fixed-dose combination of indacaterol/glycopyruronium 85/4μg (IND/GLY) against tiotropium 18μg (TIO) and salmeterol/ Fluticasone 50/500μg (SFC) in the management of patients with COPD in GREECE. METHODS: A microsimulation model was developed in MS Excel. Outcome data were obtained from the literature (SHINE & ILLUMINATE studies) and mortality data from the WHO database. Distribution of patients by GOLD severity stage, maintenance costs and costs associated with severe/non-severe exacerbations were taken from published Greek studies. Unit costs were taken from officially published sources (Price Bulletin, reimbursement list, DRGs). The study perspective was that of the Social Insurance Fund; costs and outcomes were discounted at 3.5%; outcomes are reported over time horizons of one, three, five and ten years and over a lifetime. Base cost year was 2014. Deterministic and probabilistic sensitivity analyses were conducted to test robustness of model results. RESULTS: Treatment of COPD with IND/GLY is associated with increased efficacy both against SFC (additional life years [LYs] = 0.19, additional quality adjusted life years [QALYs] = 0.13) and TIO (additional LYs = 0.22, QALYs = 0.16). Although IND/GLY has a higher pharmaceutical cost (additional €2,626 vs. SFC, additional €2,679 vs. TIO), all other costs (maintenance costs, severe and non-severe exacerbation costs are reduced, resulting in a reduction of total costs by €5,204 compared with SFC and €7,126 compared with TIO. The sensitivity analyses confirmed that IND/GLY was dominant in the majority of iterations, with a probability of being cost effective at a willingness to pay of €30,000 per QALY gained of 94% and 95% for IND/GLY and TIO, respectively. CONCLUSIONS: IND/GLY was found to be a dominant treatment strategy compared to SFC and TIO for the management of patients with COPD in Greece, which could lead to savings for the healthcare system.

PRS42

COST-EFFECTIVENESS OF UMECLIDINUM/VILANTEROL IN SYMPTOMATIC COPD SPANISH PATIENTS Miravilles M1, Gallego J1, Huerta A1, Villacampa A2, Carcedo D3, Garcia-Rio F5
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