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Title: A UK based cost-utility analysis of indacaterol – A once-daily maintenance bronchodilator for patients with COPD

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Body: Introduction: COPD is a chronic incurable disease; however, there are effective treatments available. In the UK, long-acting bronchodilators are first-line treatments for COPD patients requiring maintenance therapy, and there are several options available. Aim: To establish from the UK NHS perspective, the cost-effectiveness (CE) profile of indacaterol, the first once-daily LABA, compared to tiotropium and salmeterol, in patients with moderate to severe COPD. Methods: A Markov model was developed with four health states describing the GOLD severity stages. From each of the states, patients could experience a severe or non severe exacerbation, move to a different COPD state, remain in the current state or die. Transition probabilities were based on data from the indacaterol clinical trials. Cost and resource use data was taken from UK based sources, published literature and expert opinion. Sensitivity analyses (SA) were also conducted. Results: Indacaterol dominates both tiotropium and salmeterol over a 3-year time horizon with a cost saving of £137 and £289 respectively. The one-way SA indicated that the time horizon and the mortality rate associated with very severe COPD had the largest impact on the results. The probabilistic SA showed that over 75% and 90% of the iterations when compared to salmeterol and tiotropium respectively produced dominant results for indacaterol. Conclusion: The CE analyses demonstrate that indacaterol dominates both tiotropium and salmeterol and is likely to remain cost-effective under a range of assumptions.