Calgary and Saskatchewan HTS protocols were found to be costly compared to LTS with the Calgary protocol being the most costly. The Saskatchewan protocol was found to be less costly than the Calgary protocol primarily due to employing ultrasound as the initial confirmatory diagnostic which reduces the number of Hysterosalpingograms (HSG) procedures conducted compared to the Calgary protocol. Cost-savings of $3,588 and $4,789, respectively. This result suggests that the Calgary protocol is cost-effective compared to the Calgary protocol (i.e. within HTS comparisons) because the Saskatchewan protocol saves more money for a unit of effectiveness lost. CONCLUSIONS: The existing evidence suggest that compared to LTS, HTS is more costly but also more effective. While replacing eligible LTS-patients with HTS-patients will result in costs savings of $99,965 per patient. The sensitivity analysis, statistical analysis and univariate and probabilistic probabilities of PPH and death due to PPH, Disability Adjusted Life Years (DALYs) and health survey and the published literature, as well as expert opinion. We computed model parameters were derived from the Uganda Demographic and Health Survey and the published literature, as well as expert opinion. We computed model parameters were derived from the literature, and costs and resource consumption were obtained from hospital databases and input from health care professionals. We modeled the treatment pathways as described in the guidelines, and also the use of ulotomies encountered in typical Canadian practice, i.e. as a second-line intervention. Assuming that the ultimate incidence of postpartum hemorrhage is equal between all treatment strategies, we constructed cost-minimization models in TreeAge Pro (2013), with a time horizon of 8 hours. Transition probabilities were derived from the literature, and costs and resource consumption data were obtained from hospital databases and input from health care professionals.

RESULTS: Duratom® was shown to be the lowest cost treatment strategy in the prevention of postpartum hemorrhage in elective caesarean section delivery using either guidelines or typical-use treatment pathways. The total expected cost of the cardiotocin treatment strategy under the SOGC Guidelines scenario is $22,12, vs. $24.91 for the oxytocin strategy. In the usual scenario the results are even clearer, with cardiotocin providing very substantial cost-savings compared to ergonovine or methergoline. CONCLUSIONS: These results were robust to all sensitivity analyses in the case of the typical-use scenario. In the SOGC Guidelines scenario the results were robust to all sensitivity analyses except the dosage of ergonovine.

PIH42
A COST MINIMISATION ANALYSIS OF GONADOTROPS FOR IN VITRO FERTILIZATION OVARIAN STIMULATION ON PREGNANCY- AND LIVE-BIRTH-BASED ENDPOINTS IN GERMANY

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OBJECTIVES: The purpose of this analysis was to quantify the cost-effectiveness of recombinant folliculin alfa (r-hFSH) and highly purified urinary folliculin stimulatory protein (hFSH) in IVF in Germany. The economic evaluation was performed for the societal perspective, and used to estimate the number of embryos generated per IU of gonadotropin used for ovarian stimulation. The cohort then underwent multiple rounds of embryo transfers for pregnancy or for preimplantation genetic diagnosis. The primary outcome of interest was live birth. In the typical use scenario the results are even clearer, either guidelines or typical-use treatment pathways. The total expected cost of the cardiotocin treatment strategy under the SOGC Guidelines scenario is $22,12, vs. $24.91 for the oxytocin strategy. In the usual scenario the results are even clearer, with cardiotocin providing very substantial cost-savings compared to ergonovine or methergoline. CONCLUSIONS: These results were robust to all sensitivity analyses in the case of the typical-use scenario. In the SOGC Guidelines scenario the results were robust to all sensitivity analyses except the dosage of ergonovine.

PIH43
A COST-MINIMIZATION ANALYSIS OF CARBETOCIN FOR THE PREVENTION OF POSTPARTUM HEMORRHAGE IN CANADA

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The objective of this analysis was to demonstrate the economic value of Duratom® in the prevention of postpartum hemorrhage from uterine atony during and after the management of the third stage of labour in Canada in in-vitro fertilization delivery. METHODS: We analyzed the economic value of Duratom® (carbetocin) in relation to the comparators most commonly encountered in clinical practice, and recommended in the clinical practice guidelines of the Society of Obstetricians and Gynecologists of Canada. We modeled the treatment pathways as described in the guidelines, and also the use of uterotonics encountered in typical Canadian practice, i.e. as a second-line intervention. Assuming that the ultimate incidence of postpartum hemorrhage is equal between all treatment strategies, we constructed cost-minimization models in TreeAge Pro (2013), with a time horizon of 8 hours. Transition probabilities were derived from the literature, and costs and resource consumption data were obtained from hospital databases and input from health care professionals.

RESULTS: Duratom® was shown to be the lowest cost treatment strategy in the prevention of postpartum hemorrhage in elective caesarean section delivery using either guidelines or typical-use treatment pathways. The total expected cost of the carbetocin treatment strategy under the SOGC Guidelines scenario is $22,12, vs. $24.91 for the oxytocin strategy. In the typical-use scenario the results are even clearer, with cardiotocin providing very substantial cost-savings compared to ergonovine or methergoline. CONCLUSIONS: These results were robust to all sensitivity analyses in the case of the typical-use scenario. In the SOGC Guidelines scenario the results were robust to all sensitivity analyses except the dosage of ergonovine.

PIH44
A COST MINIMISATION ANALYSIS OF GONADOTROPS FOR IN VITRO FERTILIZATION OVARIAN STIMULATION ON OOCYTE- AND EMBRYO-BASED ENDPOINTS

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OBJECTIVES: The purpose of this analysis was to quantify the cost-effectiveness of recombinant folliculin alfa (r-hFSH) and highly purified urinary folliculin stimulatory protein (hFSH) in the in-vitro fertilization (IVF) process. METHODS: An Excel-based model was constructed to estimate the cost per optimal chance of live birth for r-hFSH and hFSH, respectively. In the typical use scenario the results are even clearer, either guidelines or typical-use treatment pathways. The total expected cost of the carbetocin treatment strategy under the SOGC Guidelines scenario is $22,12, vs. $24.91 for the oxytocin strategy. In the usual scenario the results are even clearer, with cardiotocin providing very substantial cost-savings compared to ergonovine or methergoline. CONCLUSIONS: These results were robust to all sensitivity analyses in the case of the typical-use scenario. In the SOGC Guidelines scenario the results were robust to all sensitivity analyses except the dosage of ergonovine.

PIH39
COST-EFFECTIVENESS ANALYSIS OF FLOSEAL (HAEMOSTATIC MATRIX) AS A HAEMOSTATIC AGENT IN OBSTETRIC HEMORRHAGE IN MEXICO

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OBJECTIVES: To perform a complete economic evaluation of cost-effectiveness on the preventative strategy of misoprostol versus standard treatment for obstetric haemorrhage in Mexican patients from the Public Health Sector point of view. METHODS: An economic analysis was designed using data base from the UMAE 23 Hospital of Gynecology and Obstetrics in Dr. Ignacio Morones Prieto, to compare Floseal and Control (standard treatment) in Obstetric hemorrhage. The efficacy measure was the percentage of patients who avoided surgical re-intervention. Only costs from medical attention were used such as: haemostatic agents, hospitalization and surgery. An incremental cost-effectiveness analysis was performed, as well as a deterministic (stochastic) sensitivity analysis, modifying cost and effectiveness of Floseal, and reinforced with the statistical analysis and linear regression to determine its influence of several parameters on cost. RESULTS: Floseal reduced more cost-effectiveness option than Control; 100% of patients avoided surgical re-intervention compared to 46.66% of the Control (p < 0.001). Patients that used Floseal had less hospitalization time and less time in the intensive care unit with respect to controls with standard treatment. Analysis of the haemostatic haemorrhage had an average cost per patient of $137,505, while Control group was $237,470 generating savings of $99,965 per patient. The sensitivity analysis, statistical analysis and linear regression analysis proved the strength of these results. CONCLUSIONS: The economic evaluation proved that Floseal is an cost-effectiveness and safe option with respect to Control, used in obstetric haemorrhage in Mexican patients, having a lesser cost while avoiding surgical re-interventions and hospitalization days.