tory-associated DRVs could be linked to immunosuppressant, antineoplastic, anticoagulant and diabetes therapy, while physiologic-associated DRVs were attributed to cardiovascular therapies and NSAIDS. CONCLUSIONS: Significant propor-
tions of laboratory and physiologic abnormalities contribute to DRVs and are consistently linked to specific drugs. These therapies could be potential targets for enhanced medication monitoring initiatives to proactively avert potential DRVs.

PH6
UNINTENTIONAL EXPOSURES TO BUPRENORPHINE/NALOXONE TABLETS AND ORAL FILM AMONG CHILDREN LESS THAN SIX YEARS OLD
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OBJECTIVES: Unintentional exposures to potent opioid medications by young chil-
dren can cause severe illness or death. An oral film formulation of buprenorphine/ naloxone was introduced in the United States (US) in September 2010. The RADARS System Poison Center program collects data about exposures to these medications, including patient age, reason for exposure, specific formulation, and medical outcome, in 2011Q4, 48/57 US poison centers provided data. We sought to determine unintentional drug exposures and associated medical outcomes for buprenorphine/naloxone tablets and oral film among children less than 6 years old.
METHODS: RADARS System Poison Center program case counts and medical out-
comes for unintentional exposures to buprenorphine/naloxone tablets and oral film among children aged 0–5 years from October 1, 2010 – December 31, 2011 were analyzed. To account for drug availability in the community, reports were standard-
ized using unique recipients of a dispensed drug (URDD) per year-quarter. Negative binomial regression was used to estimate rates and confidence intervals. RESULTS: Exposures to buprenorphine/naloxone tablets (average 0.68 cases/1,000 URDD; 95% CI: 0.55–0.83) were more common than exposures to oral film (average 1.000 URDD; 95% CI: 0.07 – 0.10; rate ratio 8.1; 95% CI: 6.5 – 10.0, p < 0.001). Major medical outcomes or death were reported in 0/92 (0%) oral film exposures and 19/869 (2.2%) tablet exposures (p < 0.001). Major medical outcomes or death were reported in 0/92 (0%) oral film exposures and 19/869 (2.2%) tablet exposures (p < 0.001).

PH7
NET TAX REVENUE WITH A NATIONAL BASED ROTAVIRUS VACCINATION PROGRAM IN TURKEY
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OBJECTIVES: Rotavirus is the one of important disease for Turkey. It was reported that 500,000 child admitted to hospitals due Rotavirus in Turkey per year. Total cost of Rotavirus to Turkish economy was reported as US$ 45 and US$ (-) 32 million, respectively. Investing in rotavirus vaccination program was carried out, which showed that results of our pharmacoeconomic study were stable. CONCLUSIONS: Total costs of disposable surgical linen usage ($428 100 for 1 500 operation carrying out during 1 year) appeared to be much less, than those of reusable analgesic application ($905 400). That is why disposable gowns and drapes can be recommended as economic.

PIH
COMPARATIVE HEALTH CARE UTILIZATION AND COSTS AMONG MENOPAUSAL WOMEN WITH DIFFERENT SYMPTOMS BY LINKING WOMEN’S REGISTRY AND CLAIMS DATABASE
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OBJECTIVES: Apply probabilistic linkage to add menopause symptoms recorded in a registry database to claims data, and compare health care utilizations and costs among women with and without symptoms. METHODS: Menopausal women age <45 prescribed estrogen only hormone therapy from a large U.S. claims database (04/01/2005-09/30/2008) were linked with the University of Michigan Women’s Reg-
istry to map menopausal symptoms to menopausal health care utilizations. RESULTS: Results were added to claims database records. The same linkage procedures were re-
peated 250 times, the mean and 95% confidence interval (CI) of health care costs and utilizations during the follow-up period were compared between women with and without symptoms. RESULTS: Among 80 matched patients, 84% had at least one symptom, with hot flashes being the most common. The average cost of pa-
tients with at least one symptom was much higher than of patients without symp-
toms ($13,570 [95% CI: $13,459-$13,680] vs. $3,591 [95% CI: $3,345-$3,436], p < 0.001). CONCLUSIONS: Cost differences were mainly between women with symptoms and without symptoms. Women with menopause symptoms incur higher health care utili-
zations and costs than those without. Results suggest that symptoms can be an important outcome of economic outcomes. Therefore it is crucial to control for them using probabilistic linkage to bridge the gap between registry and claims data.

PIH10
COST EFFECTIVENESS COMPARISON BETWEEN DIENOGEST AND GONADOTROPIN-RELEASING HORMONE ANALOGS IN TURKEY
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OBJECTIVES: To evaluates and compares the cost effectiveness of 2mg dienogest treatment option than GnRH-a agents. This result may assist with reimbursement plan selection for endometriosis treatment from payers' perspectives. METHODS: This study was carried out, which showed that results of our pharmacoeconomic study were stable. CONCLUSIONS: Total costs of disposable surgical linen usage ($428 100 for 1 500 operation carrying out during 1 year) appeared to be much less, than those of reusable analgesic application ($905 400). That is why disposable gowns and drapes can be recommended as economic.

PIH
COMPARATIVE PHARMACO-ECONOMIC STUDY OF DISPOSABLE AND REUSABLE GOWNS AND DRAPES
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OBJECTIVES: By ‘Budget impact analysis’ define what type of surgical gowns and drapes: disposable or reusable is more rational to apply in surgery. METHODS: The study was based on a Markov model. The state transitions were given by means of probability of transition rates. The model was repeated 250 times, the mean and 95% confidence interval of health care costs were assessed and compared between the 2mg dienogest group versus the selected GnRH-a group for 2-year time period. Conclusions were drawn if the model was recommended by the payer. RESULTS: The results showed that the 2mg dienogest was a more cost-effective option to treat endometriosis compared with both GnRH-a agents. This result may assist with reimbursement plan selection for endometriosis treatment from payers’ perspectives.

PIH
A537