testing/delivering and definition of the CL test threshold. The values obtained were LB: ± 3.98L/R: ± 0.31 (FN) and LB: ± 3.22L/R: ± 0.54 (CL). For the whole hypothetical cohort, the total costs of the FN and CL were 2.3 billion and 890 million, respectively. The difference of avoided hospitalizations between the tests was 244 for FN. ICER was BRL 5,834.35. CONCLUSIONS: Both diagnostic tests are important alternatives for the decision-making process in Brazil. Model assumptions and prediction of post-test delivery using CL have important limitations beyond the fact that CL measure is an operator-machine dependent procedure. In women with symptomatic preterm labor CL is a cost-effective test strategy for prediction of preterm births.

PH23 COST-EFFECTIVENESS OF VACCINATION AGAINST HERPES ZOSTER AND POST-HERPETIC NEURALGIA: A CRITICAL REVIEW Kawa J1, Préaud E1, Baron-Papillon F2, Acosta CJ1
1Merc & Co., Inc; West Point, PA, USA; 2Sanofi Pasteur MSD, Lyon, France OBJECTIVES: To critically review studies of vaccination against herpes zoster (HZ) and post-herptic neuralgia (PHN). METHODS: We searched MEDLINE and EMBASE databases for eligible studies until June 2013. We extracted information regarding model structure, input model parameters, and statistical methods. RESULTS: The mean total costs per-patient were £38.04 greater in the intervention group; however lower costs associated with HZ and PHN. In addition, studies found that vaccine efficacy against PHN age at vaccination, and vaccine cost strongly influenced the results in sensitivity analysis. CONCLUSIONS: Our review generally supports the economic value of this preventive intervention, particularly in Europe, which will become increasingly important as population ages. Future research addressing key model parameters and cost-effectiveness studies in other parts of the world are needed.

PH24 AN ECONOMIC EVALUATION ALONGSIDE A CLINICAL TRIAL (EACT) IN PELVIC FLOOR MEDICINE Brennan VK1, Dixon SJ5, Jones G2, Radley SJ5, Jacques R1, Wood H1, Ledger W5
1RTI Health Solutions, Sheffield, UK; 2University of Sheffield, Sheffield, UK; 3University Teaching Hospitals, Nottingham, UK; 4University of New South Wales, Sydney, Australia. OBJECTIVES: To determine the cost-effectiveness of using an online questionnaire (ePQSF-F) in combination with a telephone consultation compared to standard care. METHODS: All women, aged ≥ 18 years and referred to urogynaecology services were eligible. Women completed ePQSF-F online and then had a telephone consultation (intervention), or face-to-face consultation (standard care). Costs for ePQSF-F completion and consultation were derived in a microcosting study. Resource use data were collected at 6-months follow-up. The SF-12 was administered at baseline and follow-up. SF-6D estimates were used to calculate quality-adjusted life-years (QALYs). Patient experience was measured by the Patient Experience Questionnaire and Client Satisfaction Questionnaire. RESULTS: A total of 195 women were randomised. Consultation costs for the intervention group (£31.75) were lower than for the control (£72.17). The intervention group incurred greater direct costs and personal expenditure during follow-up. However lower costs associated with HZ and PHN. In addition, studies found that vaccine efficacy against PHN age at vaccination, and vaccine cost strongly influenced the results in sensitivity analysis. CONCLUSIONS: Our review generally supports the economic value of this preventive intervention, particularly in Europe, which will become increasingly important as population ages. Future research addressing key model parameters and cost-effectiveness studies in other parts of the world are needed.

PH25 PHARMACOECONOMIC ANALYSIS OF PROGESTOGEN PREPARATIONS FOR THREATENED ABORTION TREATMENT IN UKRAINE Tkachova O1, Iakovlieva L2, Mishchenko O2, Matshukova N3
1National University of Pharmacy, Kharkiv, Ukraine; 2National University of Pharmacy, Kharkiv, Ukraine; 3University of Saskatchewan, Saskatoon, Canada. OBJECTIVES: Comparative evaluation the cost effectiveness of threatened abortion treatment by two regimens: oxyprogesteronacipros and dydrogesterone in Ukraine. METHODS: Pharmacoeconomic analysis was based on the results of comparative randomized controlled trials according to European guidelines for threatened abortion (EAPP) in Brazil. The analysis was conducted under the payer perspective for 2TS and 3TS: BRL 882.74 VS BRL 768.13 and BRL 942.18 VS BRL 8000 for 1 TS and 2TS: BRL 2328.94 and BRL 20000 for 3TS: BRL 20000 VS BRL 20000 respectively. Cost-effectiveness ratio was $ 88.7 for oxyprogesteronacipros and $ 89.9 for dydrogesterone. CONCLUSIONS: Cost-effectiveness analysis showed, that the use of dydrogesterone is more effective and less costly for threatened abortion treatment in Ukraine. The results of pharmacoeconomic analysis will optimize the government, insurance companies and patients cost.

PH26 COST-EFFECTIVENESS OF INFANT PNEUMOCOCCAL VACCINATION IN THE NETHERLANDS Vener P1, Postma M2
1UMC Groningen, Groningen, The Netherlands; 2University of Groningen, Groningen, The Netherlands. OBJECTIVES: The Dutch National Immunization Program offers the 10-valent pneumococcal conjugate vaccine (PCV10). Also licensed for use in the infant population is the 13-valent PCV (PCV13). To update cost-effectiveness (CE) estimates of PCV13 over the 20 years; current and economic modelled vaccinating a birth cohort with either PCV10 or PCV13 (3+1 dose schedule), and calculated costs and effects linked to resulting disease. We modeled invasive pneumococcal disease (IPD), non-invasive pneumonia and acute otitis media, and considered death and lifetime impairment. RESULTS: We calculated direct effects in the vaccinated cohort and indirect effects - herd immunity for the vaccine-type (VT) serotypes and replacement for the non-VT serotypes in the rest of the population. Since no price is available, we use a price difference of $1 per dose and vary this price difference in sensitivity analyses. Epidemiological and economic data are taken as current as possible. A set of scenarios explore different assumptions, including different sets of epidemiological data, assumptions on vaccine efficacy and indirect effects of vaccine. RESULTS: There were lower than for the control (£72.17). The intervention group incurred greater direct costs and personal expenditure during follow-up. However lower costs associated with HZ and PHN. In addition, studies found that vaccine efficacy against PHN age at vaccination, and vaccine cost strongly influenced the results in sensitivity analysis. CONCLUSIONS: Our review generally supports the economic value of this preventive intervention, particularly in Europe, which will become increasingly important as population ages. Future research addressing key model parameters and cost-effectiveness studies in other parts of the world are needed.

PH27 COST-EFFECTIVENESS OF VACCINATION AGAINST HUMAN IMMUNODEFICIENCY VIRUS INFECTION: A SYSTEMATIC REVIEW OF COST-EFFECTIVENESS STUDIES ON THEEFFECTIVENESS OF VACCINATION AGAINST HUMAN IMMUNODEFICIENCY VIRUS INFECTION IN THE NETHERLANDS. PIH27
1National Institute for Health Research, Health Technology Assessment, London, UK; 2Centre for Applied Health Economics, Loughborough University, Loughborough, UK; 3Department of Health Economics, Erasmus University Rotterdam, Rotterdam, The Netherlands. OBJECTIVES: To systematically review cost-effectiveness studies of vaccination against human immunodeficiency virus (HIV) in the Netherlands. METHODS: Studies were eligible if they reported on a cost-effectiveness analysis of HIV vaccines in the Netherlands. The 10-valent PCV10, using current epidemiological and economic data. CONCLUSIONS: Although the intervention was not cost-effective compared to the controls, there was a significant difference in an important aspect of the care process, which was not captured by the ICER. This highlights the importance of decision makers accounting for intervention effects that fall outside the conventional conceptualization of the QALY. Methods could be developed that allow non-health care process, which was not captured by the ICER. This highlights the importance of decision makers accounting for intervention effects that fall outside the conventional conceptualization of the QALY. Cost-effectiveness analysis showed, that the use of dydrogesterone is more effective and less costly for threatened abortion treatment in Ukraine. The results of pharmacoeconomic analysis will optimize the government, insurance companies and patients cost.

PH28 COST MINIMIZATION ANALYSIS OF DIENOGEST VERSUS GONADOTROPHIN-RELEASING HORMONE ANALOGUES OR DYdroGESTRONE FOR EDDIEMETROSIS TREATMENT IN BRAZIL MFV1, MV2, MGFV1, MGF2, MGA3, MGB3
1Fundacao AstraZeneca, Brazil, Sao Paulo, Brazil; 2AstraZeneca, Brazil, Sao Paulo, Brazil; 3Astrazeneca, Brazil, Sao Paulo, Brazil OBJECTIVES: To perform pharmacoeconomic evaluation of dienogest vs gonadotrophin-releasing hormone analogues (GnRHa) or dydrogesterone for endometriosis in Brazil. METHODS: Literature search did not reveal clinically significant differences in efficacy between dienogest 2 mg and GnRHa in terms of pain reduction associated with endometriosis. There was no difference in efficacy with dydrogesterone 60 mg once daily and placebo. Cost-minimization analysis was used to assess and compare drug costs of dienogest 2 mg daily, GnRHa - most often used in Russia including triptorelin, leuprolerin, buserelin (with obligatory application of add-back therapy) of all three GnRHa alternatives. Costs were calculated for a period of 6 months. RESULTS: Costs of endometriosis treatment per patient per 6 months were 1102/€ for triptorelin, 1118/€ for leuprolerin, 340/€ for buserelin, 369/€ for dydrogesterone and 30/€ for dienogest. Dydrogesterone is less expensive and more costly alternative in comparison with buserelin and dienogest. Among approved treatments the same efficacy dienogest is the most efficient option leading to savings from 74/€ to 823/€ per patient in 6 months. CONCLUSIONS: Using dienogest for treatment of endometriosis in Russia is a cost-effective option. Cost savings but can lead to considerable cost savings because add-back therapy is not required.