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 Hysterosalpingogram (HSG) procedures conducted compared to the Calgary protocol. Cost savings were more than U.S$1,000,000 and more effectively the costs saved per successful procedure lost by switching from LTS to the Saskatchewan protocol or the Calgary protocol was $3,588 and $4,789, respectively. This result suggests that both protocols are 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 procedures with HTS will result in cost savings to determine whether the amount of costs outweighs the amount of effectiveness gained.

PIH39

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

Vitale Cost-effective in Uganda. It would potentially save lives and money and should be considered for the public health sector point of view. An incremental cost-effectiveness analysis was performed, as well as a (deterministic and stochastic) sensitivity analysis, modifying cost and effectiveness of Floseal, and reinforced with the statistical analysis and linear regression to determine the influence of several perspectives. The mean cost per average patient was $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 a cost-effective 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.}

PIH40

POTENTIAL COST-EFFECTIVENESS OF PRENATAL DISTRIBUTION OF MISOPROSTOL, FOR PREVENTION OF POST PARTUM HAEMORRHAGE IN UGANDA

The data base prove that Floseal is a cost-effective gonadotropin to use for IVF ovarian stimulation. The cohort then underwent multiple rounds of embryo transfer for pregnancy until embryo pregnancy or case proportionality ended. The results of the model demonstrated that r-hFSH represents a cost-effective gonadotropin to use for IVF ovarian stimulation.

PIH41

COST-EFFECTIVENESS OF QUADRIVALENT VERSUS TRIVALENT INFLUENZA VACCINES FOR CHILDREN

The WHO recommended that influenza vaccination of children is the most effective means. Trivalent influenza vaccine (TIV), which contains two lineages of influenza A virus and one lineage of influenza B virus, is now used as a first-line strategy to prevent influenza in Taiwan. However, when the influenza B lineage included in the TIV mismatched with circulating strains, the protection of TIV would be reduced. Quadrivalent influenza vaccine (QIV) which includes both the B strain and the two circulating lineages is thus proposed as an alternative. The aim of the study was to assess, from the governmental perspective, the cost-effectiveness of using QIV versus TIV in the vaccination for children under 17 years old. METHODS: A Markov model was used to assess the cost and effectiveness of QIV and TIV. Cost data were obtained from the National Health Insurance claims data. Vaccine efficacy and transition probability of different health states were based on previous studies. RESULTS: The absolute cost per child vaccinated with QIV, compared to TIV, was $41 per QALY gained. When the herd effect was taken into consideration, the ICER dropped to $30 per QALY gained. CONCLUSIONS: From the governmental perspective, the use of QIV of seasonal influenza is associated with favorable cost-effectiveness ratios in children under 17 years. CI: 0.0001. Patients that used Floseal had less hospitalization time and time less in the intensive care unit with respect to Controls with standard treatment. And for the intervention of obstetric haemorrhage had a average cost per patient $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 a cost-effective 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.}

PIH42

A COST MINIMIZATION ANALYSIS OF GONADOTROPINS FOR IN VITRO FERTILIZATION OVArian STIMULATION ON PREGNANCY- AND LIVE BIRTH-BASED ENDPOINTS IN GERMANY

To compare prenatal misoprostol distribution to the status quo we conducted a cost-effectiveness analysis. The mean costs were $14.0% versus 16.3% and 1.4% versus 1.7% respectively. Mean DALYs were $1.1% versus 2.4% and 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. And for the intervention of obstetric haemorrhage had a average cost per patient $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 a cost-effective 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.

PIH43

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

We analyzed the economic value of Duratocin® (carbetocin) in the prevention of postpartum hemorrhage from uterine atony during the management of the third stage of labour in in-vitro fertilization (IVF) delivery. METHODS: We analyzed the economic value of Duratocin® (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 Gynaecologists of Canada. We modeled the treatment pathways as described in the guidelines, and also the use of uterotonic encountered in typical Canadian practice, 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: Duratocin® 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 r-hFSH and $24.91 for uFSH-HP. 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 dosing of ergonovine.

PIH44

A COST MINIMIZATION ANALYSIS OF GONADOTROPINS FOR IN VITRO FERTILIZATION OVArian STIMULATION ON OCcYTE- AND EMBRYO-BASED ENDPOints

The purpose of this analysis was to quantify the cost-effectiveness of recombinant follicitropin alfa (r-hFSH) and highly purified urinary follicitropin stimulation (uFSH-HP) in in-vitro fertilization (IVF) process. METHODS: An Excel-based model estimated the drug cost per pregnancy and drug cost per live birth resulting from a hypothetical cohort of 1000 women undergoing IVF in Germany. RESULTS: The model inputs were estimated from clinical studies and used to estimate the number of embryos generated per IU of gonadotropin used for ovulation stimulation. The cohort then underwent multiple rounds of embryo transfer for pregnancy until embryo pregnancy or case proportionality ended. The results of the model demonstrated that r-hFSH represents a cost-effective gonadotropin to use for IVF ovarian stimulation.