

Modelo: de novo según Índice de Barthel. Métodos analíticos: análisis incremental de costos y efectos, cálculo de la razón incremental de costo-efectividad (RICE) y beneficios netos incrementales (BNI), análisis de sensibilidad determinístico (ASD) y probabilístico (ASP). **RESULTADOS:** El programa HD para AMs versus el manejo en SSPCH es costo-efectivo para un umbral de referencia de 1 producto interno bruto per cápita (PIBpc) sugerido para Chile. La RICE se estimó en CL\$666.258 (US\$1,057 aprox) y se mantuvo bajo 1 PIBpc en el ASD (parámetros variaron $\pm 10\%$). Según el ASP la probabilidad de ser costo efectivo es del 100% a 1 PIBpc. Se presentan BNI para distintos valores de umbral y curvas de aceptabilidad de costo-efectividad. **CONCLUSIONES:** el programa HD es costo-efectivo versus el manejo habitual en el SSPCH.

PIH11

EVALUACIÓN COSTO-EFECTIVIDAD DEL USO DEL RÉGIMEN COMBINADO DE MIFEPRISTONA Y MISOPROSTOL PARA ABORTO INCOMPLETO O DIFERIDO EN MUJERES CON EMBARAZOS DE HASTA 12 SEMANAS DE GESTACIÓN EN INSTITUCIONES DE SALUD PÚBLICA EN MÉXICO

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OBJETIVOS: Realizar una evaluación costo-efectividad del uso del régimen combinado de mifepristona (200mg por vía oral) y misoprostol (800mcg bucales) para aborto incompleto o diferido en mujeres con embarazos de hasta 12 semanas en comparación con el uso de mifepristona (monoterapia), AMEU y LIU de gestación desde la perspectiva de las instituciones de salud pública en México. **METODOLOGÍAS:** La evaluación económica se realizó a través de un árbol de decisión que evalúa una cohorte hipotética de 1,000 pacientes. Como medidas de efectividad se emplean la tasa de resolución de la evacuación. El horizonte temporal es de 21 días, no se aplica tasa de descuento. Los resultados se expresan mediante la razón costo-efectividad promedio, que expresa el costo que habría que pagar por aborto exitoso. Se incluyen costos médicos directos, manejo inicial con Mifepristona-Misoprostol, Mifepristona (solo), AMEU o LIU; manejo de falla (estrategia de segunda y tercera opción), atención de eventos adversos y complicaciones. La perspectiva utilizada en esta evaluación es la del Sistema Nacional de Salud pública. **RESULTADOS:** Del modelo se obtiene el costo promedio esperado por paciente con Mifepristona+Misoprostol de \$1,180.45; Misoprostol de \$2,001.30; con AMEU de \$16,937.01 y con LIU de \$34,411.08. Lo que representa un ahorro con el uso del esquema combinado Mifepristona+Misoprostol de \$820.86 con respecto al uso de Misoprostol, de \$15,756.56 vs AMEU y de \$33,230.63 al compararse contra el LIU. Al cruzar estos resultados vs la tasa de éxito se obtiene la razón Costo-Efectividad promedio para cada uno de los comparadores de \$1,204.54, \$2,199.24, \$17,282.66 y \$34,411.08 respectivamente. **CONCLUSIONES:** Mifepristona + Misoprostol es una estrategia costo ahorradora frente al resto de las alternativas disponibles a nivel institucional. Por lo que, su uso en el manejo del aborto incompleto y retenido permitiría optimizando la asignación de recursos por parte de las Instituciones de Salud Pública.

PIH12

COST-EFFECTIVENESS OF QUADRIVALENT HUMAN PAPILLOMA VIRUS (HPV6/11/16/18) VACCINATION IN ECUADOR

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OBJETIVOS: Estimate the costs averted and cases prevented of genital warts of the quadrivalent HPV6/11/16/18 vaccination program in a two-dose scheme in girls of 9-11 years old compared to an HPV 16/18 vaccination program in Ecuador, while preventing effectively for cervical cancer with both vaccines. **METHODS:** A previously developed transmission dynamic mathematical model (Elbasha & Dasbach, 2010) was adapted to evaluate the impact of routine vaccination of 9-11 year-old females. The model assumed coverage of 90% for two doses of HPV6/11/16/18 vaccine at international price rates versus HPV16/18 vaccine. Ecuador's model cost input data was estimated (Roldos & Bustamante 2014); and Ecuador's disease values when available and Latin American values otherwise. **RESULTS:** In a 100-year period, HPV6/11/16/18 vaccination would result in reductions of HPV 6/11-related disease incidence at the population level as follows: genital warts in females (81.7%), genital warts in males (78.6%) and HPV6/11-related CIN1 (79.7%). These results would translate into a reduction of HPV 6/11-related disease cost of between 55% to 60% for genital warts among females, genital warts among males, and HPV6/11-related CIN1, respectively. Under the model assumptions, the estimated net cost of vaccination with the HPV6/11/16/18 vaccine from a public health perspective would be close to -USD\$190 million, adjusted to the net present value, this cost-saving represents USD\$180,735,849.09 with a present value interest factor of 0.9512. **CONCLUSIONS:** In Ecuador, routine vaccination of 9-11 year old females with a quadrivalent HPV6/11/16/18 vaccine is cost-saving compared to a bivalent HPV 16/18 vaccine, which suggests a significant public health and economic impact.

PIH13

COST-EFFECTIVENESS OF PALIVIZUMAB IN PREMATURE INFANTS AND CHILDREN WITH CHRONIC LUNG DISEASE IN MEXICO

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OBJETIVOS: Respiratory syncytial virus remains one of the major reasons of re-hospitalization among early premature children (<29 weeks of gestational age [wGA], 29-32wGA) and children with chronic lung disease (CLD). This study estimated the cost-effectiveness of palivizumab prophylaxis versus placebo, in Mexico, from the societal perspective. **METHODS:** A decision-analytic model combining a decision tree structure in the first year and a Markov structure in later years was constructed to evaluate the benefits and costs associated with palivizumab among preterm children and children with CLD. In the first year, children were at risk of mild (i.e. medically attended) and severe (hospitalized) disease due to RSV infection. In later

years of the model, children were at risk of developing asthma and allergic sensitization as sequelae of RSV disease. Input data for the model were derived from the pivotal clinical trial and systematic literature reviews. Indirect costs included parental absence from work, travel costs, and RSV nosocomial infections. Both costs (USD) and effects were discounted at 5%. Undiscounted results are presented as scenario analyses. **RESULTS:** For the <29wGA subgroup palivizumab prophylaxis was a dominant strategy, whereas for the 29-32wGA and CLD subgroups it yielded additional quality-adjusted life years (QALYs) at additional costs. In the base-case analysis, incremental costs for the <29wGA, 29-32wGA, and CLD subgroups were -\$334, \$708 and \$2,420, respectively. Incremental QALYs for the <29wGA, 29-32wGA, and CLD subgroups were 0.081, 0.064 and 0.074, respectively. The ICERs for the discounted analyses were thus - \$4,107/QALY, \$11,042/QALY, \$32,707/QALY, respectively. The corresponding figures in the undiscounted analysis were -\$3,789/QALY, \$3,185/QALY, and \$11,353/QALY for the <29wGA, 29-32wGA and CLD subgroups, respectively. **CONCLUSIONS:** The model results demonstrated that palivizumab prophylaxis is a dominant prophylaxis strategy for early preterm children (<29wGA) and a cost-effective preventative treatment option for preterm children (29-32wGA) and children with CLD in Mexico.

PIH14

ECONOMIC EVALUATION OF ULIPRISTAL ACETATE FOR THE TREATMENT OF PATIENTS WITH MODERATE AND SEVERE SYMPTOMS OF UTERINE FIBROIDS BEFORE SURGERY IN MEXICO

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OBJECTIVES: Uterine fibroids are the most common benign tumors of the female genital tract. Many patients require surgery, and the choice of treatment is guided by the patient's age and desire to preserve fertility and avoid hysterectomy. Ulipristal acetate is a selective progesterone receptor modulator effective on reducing bleeding, significantly decrease fibroid volume and avoiding surgery when use as pre-operative treatment for moderate to severe symptoms of uterine fibroids in adult women of reproductive age. This analysis assess the cost-effectiveness of 3 months treatment with 5 mg of ulipristal acetate in patients eligible to undergo fibroid surgery in Mexico. **METHODS:** A cost-effectiveness analysis was conducted using a decision tree approach in a 1-year time horizon. The perspective of the analysis was that of the Mexican Social Security Institute (IMSS). Comparators are Ulipristal acetate vs leuprolide acetate. The model comprised the following mutually exclusive health states: moderate, severe, or persistent severe excessive bleeding disorder, hysterectomy, no surgery. Probabilities were obtained from clinical trials and the scientific literature. Resource utilization and unit costs derived from the Groups Related to Diagnosis (GRD) and the Financial Direction from the Mexican Social Security Institute (IMSS). Costs were converted to UD dollars (1 USD = 15.42 MXN). **RESULTS:** In patients eligible to undergo fibroid surgery, ulipristal acetate clinical success rate difference reached a 50% on reducing bleeding and a significant decrease on fibroid volume, which can lead to a less invasive surgery or totally avoid it. Regarding avoided hysterectomy, 21% of the patients treated with ulipristal avoided hysterectomy, which represents savings for \$47,614,017 USD every 1,000 patients. **CONCLUSIONS:** Ulipristal acetate is a cost-effective alternative when compare to leuprolide acetate. The results suggest that Ulipristal acetate can represent significant savings for the IMSS when used in patients with moderate and severe symptoms of uterine fibroids.

PIH15

COSTO EN SALUD DEL PROGRAMA PRESUPUESTAL DE SALUD MATERNO NEONATAL PARA REDUCIR LA TASA DE MORTALIDAD MATERNA Y NEONATAL EN EL PERÚ, 2009 - 2014

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OBJETIVOS: Estimar el costo en salud del Programa Articulado de Salud Materno Neonatal para reducir la tasa de mortalidad materna y neonatal en el Perú, 2009-2014. **METODOLOGÍAS:** Se desarrolló bajo la metodología de uso de recursos médicos, en referencia al recurso humano, materiales médicos y equipamiento. Se tomó en consideración la asignación presupuestal al Programa de Salud Materno Neonatal, en el marco de Presupuesto por Resultados (PpR). Se contrastó el uso de recursos médicos por el Programa de Salud Materno Neonatal versus la meta de los indicadores de resultados del programa (tasa de mortalidad materna y tasa de mortalidad neonatal) tomados de la Encuesta de Demografía y salud familiar (ENDES) 2007-2014. **RESULTADOS:** El uso de recursos médicos en el Programa de salud Materno Neonatal se incrementó en el periodo 2009-2014 en recursos humanos de \$ 69 713,248 a \$ 218 511,087, materiales e insumos médicos de \$ 51 446,570 a \$ 163 575,934, equipamiento de \$ 7 530,587 a \$ 23 120,516. La tasa de mortalidad neonatal se redujo de 13 a 11. La tasa de mortalidad materna se redujo de 103 a 93. **CONCLUSIONES:** Se evidencia un importante incremento presupuestal en el Programa Articulado Salud Materno Neonatal lo que se traduce en una reducción de la tasa de mortalidad materna del 10% en el periodo 2009 a 2014 y una reducción del 15% de la tasa de mortalidad neonatal en el periodo 2009 a 2014. Sin embargo, se requiere una mejora en la calidad de gasto que permita alcanzar el quinto objetivo de desarrollo del milenio (mejora de la salud materna).

INDIVIDUAL'S HEALTH – Patient-Reported Outcomes & Patient Preference Studies

PIH16

AN EQ-5D-3L VALUE SET FOR TRINIDAD AND TOBAGO

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