PH17 COST OF UNINTENDED PREGNANCY IN THE UK: A ROLE FOR INCREASED USE OF LONG-ACTING REVERSIBLE CONTRACEPTIVE METHODS
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OBJECTIVES: Incidence of unintended pregnancy (UP) is a prominent public health issue and elicits substantial health system costs. The objective of the current analysis was to estimate the direct cost of UP to the National Health Service (NHS) and the proportion of UP costs attributable to poor adherence in the United Kingdom (UK). The aim was to assess the implications of increased long-acting reversible contraception (LARC) uptake were also explored. METHODS: An economic model evaluating costs and outcomes over an averaged one year period of contraceptive usage was constructed. Model inputs were derived from published literature and national survey data collected by the Office of National Statistics. Exploratory analyses were conducted to investigate the impact of women aged 20–29 years switching to LARC methods from existing contraceptive usage. Cost-neutrality analysis was also performed whereby the minimum duration of LARC usage required to achieve a net cost impact of zero post-switch was assessed. RESULTS: Over 400,000 UPs occur annually in the UK at a rate of 34 per 1,000 women. Direct medical costs were estimated to be £238 million annually. Poor adherence accounted for 67% of all UPs, pertaining to costs of £256 million. In women aged 20–29 years, an estimated 213,794 UPs occurred at a cost of £184 million, 64% of which resulted from imperfect adherence to contraceptive methods in women aged 20–29, when 10% switched from oral contraceptives (OCs) to LARC. The duration of LARC usage required to attain cost neutrality for patients switching from OCs was 1.65 years. CONCLUSIONS: The vast proportion of UPs and associated costs in each age group are attributable to poor contraceptive adherence. Increased uptake of LARC methods in young women may generate significant savings to UK health care payers in under 2 years.

PH18 BURDEN OF EARLY-ONSET NEONATAL SEPSIS IN THE RUSSIAN FEDERATION
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The economic burden of early-onset neonatal sepsis (EONS) is currently uncertain in Russia. OBJECTIVES: To evaluate economic burden of EONS and mortality in the Russian Federation, including both direct and indirect costs. METHODS: Chosen methodology was based on the analysis of the sample of medical records from neonatal intensive care units (NICUs). Neonates aged 7 days to 70 days of life were classified according to gestational age (GA). Direct costs were calculated based on the data about resource consumption in real practice. Indirect costs included underproduced contribution to GDP due to premature death and morbidity, resulting from disease, welfare and care payments, comprising disability support payments. RESULTS: Mean cost of hospitalization to NICU (direct costs) per infant with EONS was estimated as €9,092. Mean direct costs for hospitalization per extremely-low-birth-weight (ELBW) infant are twice higher in comparison with mean direct costs per infant with GA ≥ 30 weeks of gestation (€21,056 per ELBW infant and €11,938 per infant with GA ≥ 30 weeks). Total underproduced contribution to GDP is estimated as €152,254 (87% of total costs) per infant with EONS, welfare and care payments, comprising disability support payments - €14,721 (8%) per infant. Thus indirect costs account for 95% of expenditure. Total costs associated with EONS are estimated as €26,067 per ELBW infant. CONCLUSIONS: The development of treatment of EONS may play the crucial socio-economic role since it could significantly reduce the economic burden of the disease for the Russian Federation.

PH19 THE COSTS OF UNINTENDED PREGNANCY IN RUSSIA
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OBJECTIVES: To estimate the costs of unintended pregnancies (UP) over one year within the Russian health care system. METHODS: We calculated direct medical costs of a UP for women aged 15–44 per 5-year age groups (average per woman and per age group) as sum of the costs of pregnancy outcomes (live birth, termination, induction, stillbirth) and cost of hospital and outpatient services per age group) as sum of the costs of pregnancy outcomes (live birth, termination, induction, stillbirth) and cost of hospital and outpatient services. We calculated costs of live births were per live birth rate per 100 live births in the study sample. Costs of termination and induction of pregnancy were calculated using ICD-9 codes and codes of the RUSSIAN FEDERATION

PH10 COST OF ILLNESS IN WOMEN WITH ENDOMETRIOSIS
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OBJECTIVES: Endometriosis is a condition with an estimated prevalence of 10% among women of fertile age and with a varying impact on the affected women’s quality of life and health care consumption. The purpose of this study was to describe to what extent affected women consume health care resources and incur indirect costs. Methods: A postal survey performed concerning health care consumption, occupation, absenteeism and quality of life was sent to 800 women recruited from The Endometriosis Association, Sweden (n = 400) and from five gynecology departments at five Swedish hospitals (n = 400). Descriptive statistics were performed, and direct and indirect costs were calculated from the data. RESULTS: Women with endometriosis on average have direct costs for primary care visits, specialist visits, hospitalization and surgery corresponding to 51 000 SEK (€560 Euro) per person per year. This is double the cost of care for the general population. Indirect costs for absenteeism and lower efficiency at work amount to 40 000 SEK (€4500 Euro) per person per year, while informal care amounts to 2 000 SEK (€200 Euro) per person per year. Women with endometriosis quality more frequently for free medical care and pharmaceuticals under the Swedish public systems than do the general population. CONCLUSIONS: Women with endometriosis consume more health care resources and medication than the general population and the reported productivity losses entail a significant cost for patients and society. Earlier diagnosis could contribute to lowering the resource consumption, as could improved treatment efforts and support from health care providers and society in large.

PH15 PRESCRIBING COST OF ENZYMES OVER A TWO-YEAR PERIOD USING A MEDICAL INSURANCE CLAIMS DATABASE
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OBJECTIVES: To investigate the prescribing cost of products classified as enzymes in a South African private health care insurance claims database over a two-year period. METHODS: A medical claims database for 2010 and 2011 of approximately 4.5 million records was analysed retrospectively. All products classified as enzymes under the MIMS classification system were extracted for analysis. RESULTS: Enzymes constituted a very small percentage of medical insurance claims in this study (only 0.02% of approximately 4.5 million claims for products and procedures), yet they were relatively expensive. Five different enzyme products were prescribed: a total of 906 products (525 in 2010 and 381 in 2011) were prescribed at a cost of R195 698.76 (average cost of R195.99; SD – R9929.54) over the two years. Hyaluronidase was the most frequently prescribed (60.04% of all enzyme products), followed by pancreatic-containing products (34.66%). The average cost per hyaluronidase prescription paid by the medical aids was R280.54. The Single Exit Price (SEP) (unit price) of hyaluronidase on 12 January 2012 was R283.40. Other enzymes prescribed were: Streptokinase, regarded as the cheapest (€0.014), followed by tenecteplase, the most expensive (a cost of R5103.26 for the 200 units/5 ml vials and R62470.48 for the 400 units/5 ml vials prescribed). The average cost of alteplase (recombinant human tissue type plasminogen activator or r-PA) was R6572.60 per prescription. The amount claimed per tenecteplase injection was R11 905.72 (8000 units) and R13091.24 (10000 units), respectively. Streptokinase, regarded as the most affordable antithrombotic enzyme, was not prescribed. Of the 579 patients who received one or more prescriptions for these products, 64.59% were between 40 and 69 years of age. CONCLUSIONS: These products are relatively expensive and warrant further pharmacoeconomic studies. The importance of studies which include diagnostical and clinical parameters cannot be overemphasised.

PH16 EPIDEMIOLOGY OF HERPES ZOSTER AND ITS RELATED RESOURCE UTILIZATION A LARGE POPULATION-BASED STUDY IN ISRAEL
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OBJECTIVES: To evaluate the incidence of Herpes Zoster (HZ) and its complications in Israel, as well as related resource-utilization, among the general population and among immunocompromised patients. METHODS: A retrospective analysis of the Maccabi Healthcare Services (MHS) database for all 2 million members of all ages for the calendar year 2006–2010. Patients aged 15 years and older identified using ICD-9 codes and MHS’s internal codes. Demographic, clinical and billing data were recorded. RESULTS: Annual incidence of HZ was 3.7 per 1,000. Incidence increased with age, with a peak in the 75–84 age group (11.95 per 1,000 per year), and was higher in females than in males. Incidence of Post Herpetic Neuralgia (PHN), the most significant complication of HZ, also increased with age, reaching 1.9 per 1,000 per year among 85+ years old. Fourteen percent of the elderly HZ patients (> 65 years developed PHN. HZ incidence was higher among immunocompromised patients than in the general population, reaching 16.8 and 15.9 per 1000 of the elderly in each group, respectively. Seventeen percent of elderly HZ patients developed PHN. HZ patients consumed more health care resources than the general population of the same age.