procedures in the studies reviewed made it difficult to compare disease epidemiology across studies/countries, and understand disease trends overtime. Data suggested that the majority of hypogonadal individuals in the general population receive no treatment for androgen deficiency. Future studies should use consistent, internationally-accepted diagnostic criteria to define hypogonadism.

PIH8

PREVALENCE OF ANTI-DEPRESSANT AND ANTI-LIPIDEMIC MEDICATIONS IN CHILDREN AND ADOLESCENTS TREATED WITH ATYPICAL ANTI-PSYCHOTICS IN A VIRGINIA MEDICAID POPULATION

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OBJECTIVES: To determine and compare the prevalence of use of anti-depressant and anti-lipidemic medications in children and adolescents treated with atypical antipsychotics to those not treated with atypical antipsychotics.

METHODS: Virginia Medicaid beneficiaries (between 2 and 17 years) continuously enrolled from August 1, 2010 to July 31, 2011 were included in the study. Subjects with at least two paid prescription claims for antidepressant, olanzapine, quetiapine, risperidone, or ziprasidone were assigned to the exposed group. All other subjects in the Virginia Medicaid system during the study period were assigned to the non-exposed group. Prevalence of anti-depressant and anti-lipidemic medication use in both groups were computed and compared using Chi-square test (p<0.005).

RESULTS: A total of 299,593 patients (2,986,629 claims) were identified as the non-exposed group (mean age: 8.23 +/- 4.70 years, 50.10% males). Of these patients, 19.32% had prescription claims for anti-depressants (mean age: 13.82 +/- 2.67 years, 28.42% males), and 0.08% had prescription claims for antilipidemic medications (mean age: 11.82 +/- 4.93 years, 55.94% males).

A total of 5,663 patients had 53,236 claims for atypical antipsychotics (mean age: 12.02 +/- 3.63 years, 63.13% males). In this group 1.66% had prescription claims for anti-depressants, and 0.37% had prescription claims for antilipidemic medications. There was a significantly higher rate of anti-depressant and antilipidemic drug use in the exposed group compared with the non-exposed group (p<0.0001). Among the atypical anti-psychotic users, the highest number of claims was for risperidone (50.98%). The prevalence of antidepressant medication claims was highest for ziprasidone (7.53%) and the prevalence of anti-lipidemic medications was highest for atorvastatin (0.77%).

CONCLUSIONS: The prevalence of anti-depressant and anti-lipidemic medication use was higher among children and adolescents in the Virginia Medicaid population prescribed atypical antipsychotics than those not prescribed atypical antipsychotics.

PIH9

THE BURDEN OF DISEASE OF WOMEN IN MID-EAST, QATAR

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OBJECTIVES: Qatar is one of the highest GDP in the world so the health care facilities could be expected to be higher. But the men's health is higher have been underdeveloped compared to the similar GDP status countries. In addition, due to the peculiarity of culture and religion, the social activities of women are prohibited. These factors can effect on the burden of disease of Qatar. So in this study, We calculate the burden of disease then increase the international comparability.

METHODS: Qatar has had no social insurance or medical insurance. The health care system factors significantly associated with treatment initiation. Respectively, resulting in a target cumulative 1% uptake of the contraceptive use.

CONCLUSIONS: The prevalence of anti-depressant and anti-lipidemic medication use was higher among children and adolescents in the Virginia Medicaid population prescribed atypical antipsychotics than those not prescribed atypical antipsychotics.

PIH10

FACTORS ASSOCIATED WITH INITIATION OF TESTOSTERONE REPLACEMENT THERAPY IN AGED MALES

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OBJECTIVES: Testosterone replacement therapy is a widespread and growing prescription trend in androgen deficient patients. However, the effectiveness and safety of these treatments have not been well studied. Future studies should use consistent, internationally-accepted diagnostic criteria to define hypogonadism.

METHODS: We identified patients with androgen deficiency based on ICD-9-CM diagnosis codes between January 1999 and December 2010 in Kaiser Permanente Southern California. The first diagnosis date was labeled as the index date. We excluded patients with: 1) age <45, 2) genetic indications for testosterone, 3) hypothalamic or pituitary dysfunction, 4) testicular, pituitary or prostate cancer, and 5) a testosterone level >300 ng/dL. The index date was within the 12 months period following the identified patient was treated with testosterone replacement treatment included younger age (odds ratio (OR)= 1.37, 95% CI: 1.19-1.57 for age 45-54 vs. 65-74), white race (OR=1.34, 1.12-1.60 for white vs. black), low baseline testosterone level (OR=1.86, 1.62-2.15 for testosterone <200 vs. >300 ng/dL), and low baseline PSA level (OR=1.38, 1.18-1.77 for PSA <4 vs. >4 ng/dL).

Health care system factors significantly associated with treatment initiation: Respectively, resulting in a target cumulative 1% uptake of the contraceptive use.

CONCLUSIONS: Patient and health care system factors were significantly associated with initiation of testosterone replacement treatment. Future studies should evaluate age and racial differences in addition to health system factors.

INDIVIDUAL’S HEALTH – Cost Studies

PIH11

THE USAGE OF 2-OCTYL CYANOACRYLATE POST CESAREAN-SECTION IN CANADIAN HOSPITALS: A BUDGET IMPACT ANALYSIS

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OBJECTIVES: In Canada, approximately > 25% of all births are delivered via cesarean section and this rate continues to rise. C-sections are associated with up to 20 times the surgical site infection (SSI) incidence rate as compared to vaginal births. A recent Canadian prospective trial assessing SSI in women after c-section found the infection rate to be 7%. This study was conducted to determine the budget impact of incorporating the use of 2-Octyl cyanoacrylate in Canadian hospitals as an anti-microbial topical skin adhesive after c-section.

METHODS: Clinical and economic data was obtained from peer-reviewed literature and through case-costing data from a large Canadian hospital. The efficacy data used to demonstrate a reduction in SSI's from the use of 2-Octyl cyanoacrylate was obtained through a large retrospective trial. One and two sensitivity analyses were conducted on economic and clinical parameters to ensure robustness.

RESULTS: Incorporating 2-Octyl cyanoacrylate use as an anti-microbial tissue sealant after c-section has been found to reduce the incidence of SSI from 7.0% to 3.01%. Based on model calculations a hospital that completes a total of 500 c-sections per year would see 35 of its patients develop a SSI using standard preventative strategies. By incorporating the use of 2-Octyl cyanoacrylate into the standard of care the same hospital would see approximately 15 SSIs in the same patient population, for a total reduction of 20 SSIs. Treatment costs for SSI vary greatly dependent on whether the infection is superficial or deep/organ space. Taking this into account, the model establishes that the use of 2-Octyl cyanoacrylate has the potential to provide a yearly net cost savings of $232, 660.00 when compared to the use of standard wound closure products. CONCLUSIONS: 2-Octyl cyanoacrylate is an anti-microbial tissue sealant that can be used cost-effectively post c-section in Canadian hospitals.

PIH12

INTRODUCTION OF A LOW-DOSE LEVONORGESTREL INTRAUTERINE CONTRACEPTIVE SYSTEM: A THREE-YEAR BUDGET IMPACT ANALYSIS FROM A THIRD-PARTY PAYER PERSPECTIVE IN THE UNITED STATES

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OBJECTIVES: Contraceptive methods vary by effectiveness, duration of effect and product-related costs. Consideration of both product- and unintended pregnancy (UP)-related costs over the full duration of effect with benefit that can make contraceptive coverage decisions. This analysis aimed to estimate the medical and pharmacy budget impact to a US health care plan when switching women from short-acting reversible contraceptives (SARCs) to low dose levonorgestrel intrauterine system ( LNG-180-IUS). METHODS: A three-year budget impact model was developed to estimate costs before and after availability of LNG-IUS-12, among women aged 15-44 years, at risk of UP, and covered by a US health care plan. US Census and National Survey of Family Growth determined current contraceptive use. Pregnancy outcomes and failure rates were estimated using published literature. The model considered costs of adverse outcomes derived from Wolters Kluwers Health Drug Database, physician visits from Medicare Reimbursement Rate and pregnancy outcomes (live birth, induced or spontaneous abortion, and ectopic pregnancy) from the Health Care Utilization Project. Consistent with the Health and Human Services Agency guidelines, many unintentional pregnancies were assumed to be non-use or low-use, so 1% of the UP-related costs was factored into this analysis. LNG-IUS-12 was assumed to gain 0.5%, 0.3% and 0.2% market share from SARCs methods in years 1, 2 and 3 respectively, resulting in a target cumulative 1% uptake of the contraceptive market by year 3. A potential 20% discontinuation rate for LNG-IUS-12 in the 1st

VALUE IN HEALTH 16 (2013) A1-A298

A71