of 0.5 (95% CI: 0.3-0.8) for DRSP/estradiol vs. other oHRT. CONCLUSIONS: Results indicate a good safety profile with respect to cardiovascular risk for DRSP/estradiol. Serious cardiovascular events occur less frequently in DRSP/estradiol users compared to users of other continuous-combined HRT. This specific AS approach proved to be a successful approach with high long-term follow-up success and high validity of safety results.

INDIVIDUAL'S HEALTH – Cost Studies

PH7

ECONOMIC IMPACT OF THE USE OF AN ABSORBABLE ADHESION BARRIER IN PREVENTING ADHESIONS FOLLOWING GYNECOLOGIC SURGERIES

Seligman A, 1Carlin K, 1Clark RS, 1Miaglio-Walle K 1

OBJECTIVES: Abdominal adhesions are common after gynecologic surgeries, often resulting in complications such as bowel obstruction and chronic pain, which can lead to increased medical costs and patient discomfort. GYNECARE INTERCEED® Absorbable Adhesion Barrier is associated with fewer adhesion-related outcomes compared to surgeries without an adhesion-barrier. This analysis represents the first economic assessment of GYNECARE INTERCEED® in reducing the incidence of postoperative adhesions in open surgical gynecologic procedures.

METHODS: A model was constructed to evaluate the budget impact to hospitals of adopting GYNECARE INTERCEED® for women undergoing open surgical gynecologic procedures. The model included an incremental analysis comparing the use of GYNECARE INTERCEED® to standard absorbable barrier procedures. Incremental GYNECARE INTERCEED® material costs, medical costs associated with adhesions, and adhesion-related readmissions were considered. GYNECARE INTERCEED® use was assumed in 50% of all procedures. Budget impact was reported over a 3-year period from a US hospital perspective (US$2013).

RESULTS: Assuming 100 gynecologic surgeries of each type and an average of one GYNECARE INTERCEED® sheet per surgery, a net savings of $439,975 with GYNECARE INTERCEED® over 3 years is estimated. GYNECARE INTERCEED® use resulted in 80 fewer patient cases developing adhesions. Although the use of GYNECARE INTERCEED® added $5,500 in material costs, this was completely offset by the reduction in complication costs ($230,766 savings) and fewer adhesion-related readmissions ($300,700 savings). By preventing adhesion-related complications, GYNECARE INTERCEED® prevented over 30% additional hospital days for patients.

CONCLUSIONS: This analysis represents the first economic assessment of GYNECARE INTERCEED® use in open gynecologic surgeries that incorporates the cost of the adhesion barrier, complications, and readmissions. Adoption of GYNECARE INTERCEED® absorbable adhesion barrier for appropriate gynecologic surgeries would likely result in significant savings for hospitals which would largely be driven by clinical patient benefits in terms of fewer complications and adhesion-related readmissions.
women with EAPP. A recently cost-minimization (CM) model developed for EAPP provided the estimates of average treatment cost in Brazil based on local guidelines. This CM model compared different treatment pathways for women with EAPP and used a 50% improvement in pelvic pain as a definition of a treatment response. A patient flow was developed based on epidemiological and demographical data. Based on the market uptake assumptions, results from the patient flow, the BIM estimated the incremental budget impact after adopting dietogen. The model assumed that during the first year, 6.76% of EAPP patients receive dietogen, 50% of women received GnRHα. After five years, it was assumed that dietogen would capture 30% of the GnRHα market in EAPP.

**RESULTS:** On the basis of the patient flow developed, approximately 0.52% of the population were estimated to be diagnosed with EAPP and receiving treatment with GnRHα. In the year after introduction of dietogen, the overall budget used to treat EAPP was decreased by up to 2.98% with the budget saving estimated to increase to around 12.98% by Year 5.

**CONCLUSIONS:** This analysis portends that the budgetary impact of adding dietogen to the health care system in Brazil, in detriment of the GnRHα, results in a budgetary cost saving alternative.

### PIH10

**HOW MUCH DOES BENIGN PROSTATIC HYPERPLASIA COST? A BUDGET IMPACT ANALYSIS ON ITALIAN PATIENTS TREATED WITH 5α-REDUCTASE INHIBITORS**

**Adriano M.1, Pinelli A.2, Pradelli L.1**

**OBJECTIVES:** Second-line pharmacological therapy for benign prostatic hyperplasia (BPH) includes 5α-reductase inhibitors (5αRIs, dutasteride and finasteride). Aim of this study was the evaluation of the budget impact related to the variation in dutasteride and finasteride price trends.

**METHODS:** Target population is the number of Italian BPH-patients, age ≥ 40 years, treated with dutasteride or finasteride. The BPH-patients management was modeled on a dynamic cohort for 4-years. Epidemiological input data were derived from an observational study on pharmacoeconomic data of Italian BPH-patients, hospitalization rates were taken from a cohort study investigating BPH-related surgical and not surgical hospitalizations. Costs were calculated from a cost allocation of drugs价格that was performed through analysis of hospitalization CRGEV is € 470-645 (CR) and € 561 (SK). The calculated average total costs, including treatment prior to, and after admission, were € 462 (CR) and € 583 (SK). The major cost item was the hospital stay with €391 (CR) and €540 (SK). Costs for tests and drugs during hospital stay varied between € 1,300 (CR) and € 2,000 (SK).

**RESULTS:** After 1:1 matching, a total of 24,542 of patients were evaluated. The incidence of high costs of labour in Serbia was leading factors of estimated high costs. Considering high costs of CS, it is necessary to conduct further research to find the reasons for these costs.

**CONCLUSIONS:** The study was the evaluation of the budget impact related to the variation in dutasteride and finasteride price trends.

### PIH11

**USES OF ANTENATAL CORTICOSTEROID LOWERS HOSPITALIZATION COSTS RELATED TO PREMATURITY**

Meneguel J., Fosanco M., Fonseca E., Almeida F., Grinsburg R.1,2,3,4,5

**UNIFESP, Sao Paulo, Brazil, 1,2,3,4 Federal University of Sao Paulo / 5 Ana.Bio Consulting, Sao Paulo, Brazil, 5, Federal University of Sao Paulo, Sao Paulo, Brazil**

**OBJECTIVE:** According to WHO the use of antenatal corticosteroids (C) in pregnant women can prevent both mortality and necrotizing enterocolitis (NEC) or postnatal death (PN) deaths. The impact of the use of CEA in hospital costs in developing countries is not known. Our objective was to compare morbidity and hospital costs of PN whose mothers received or not C. METHODS: Analysis of PN medical records with gestational age ≤34 weeks (2009/2010) in a tertiary hospital. We excluded infants with malformations. Maternal characteristics, hospital neonatal morbidity, use and doses of C and all used resources (tests, medications and procedures) were collected. Costs were estimated in Brazilian Reais, from the hospital perspective.

**RESULTS:** Of 211 PN, 170 received at least one dose of C to 6 hours before delivery (G1) and 41 did not (G2). The groups had similar characteristics but G1 had more male infants (p <0.05) and cesarean sections (p <0.01).

**CONCLUSIONS:** The CEA is a simple measure, which helps to reduce PN morbidity and utilization of health care resources, reducing hospital costs.

### PIH15

**EXAMINING THE BURDEN OF ILLNESS OF THE UNITED STATES VETERAN PATIENTS DIAGNOSED WITH ALZHEIMER’S DISEASE**

**Hall EC1, Xu L2, Du P3, Li L4, Baezer O1**

**1STATInMed Research, Dallas, TX, USA, 2STATInMed Research, Ann Arbor, MI, USA, 3STATInMed Research, Ann Arbor, MI, USA**

**OBJECTIVES:** To examine the burden of illness of patients diagnosed with Alzheimer’s disease (AD) in the U.S. veteran population.

**METHODS:** A retrospective database analysis was performed using the Veterans Health Administration (VHA) Medical SAS datasets from October 1, 2008 through September 30, 2012. Patiens diagnosed with AD were identified using International Classification of Disease 9th Revision Clinical Modification (ICD-9-CM) diagnosis code 331.0. The first diagnosis date was designated as the index date. A comparator group was created as well by identifying patients without an AD diagnosis but with the same age, gender, year index, and matching Charlson Comorbidity Index (CCI). The index date for the comparator group was randomly chosen to reduce the selection bias. A 1-year continuous health plan enrollment was required before and after the index date for both groups.

**RESULTS:** of a total of 68,856 patients included in the AD and comparison cohorts. After 1:1 matching, a total of 24,242 of patients were matched from each group, and the baseline characteristics were proportionate. The AD cohort had higher percentages of inpatient (18.46% vs. 20.06%, p<0.01), emergency room (4.31% vs. 3.76%, p<0.01) and hospitalization (4.31% vs. 3.76%, p<0.01) for both. The AD cohort had lower outpatient (98.50% vs. 58.92, p<0.01), and pharmacy visits (98.69% vs. 61.78%, p<0.01). AD patients also incurred higher inpatient ($7,416 vs. $636, p<0.01), emergency room ($2,000 vs. $1,000, p<0.01) and pharmacy costs ($774 vs. $350, p<0.01) compared to patients without AD.

**CONCLUSIONS:** In this study, AD was associated with higher health care resource utilization and a significantly higher economic burden.

### PIH17

**A COST OF A CHILD BIRTH WITH IN VITRO FERTILIZATION IN POLAND**

**Góra G., Hermanowski T., Wnuk A.1**

**1Department of Pharmacometrics, Medical University of Warsaw, Warsaw, Poland**