be cost-effective compared to the most prominent comparators in management of infertility in The Netherlands.

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**COST-EFFECTIVENESS OF LONG-ACTING REVIRABLE CONTRACEPTION: LNG- IUS 13.5 mg vs. A LUBRICATING LEVONORGESTREL INTRAUTERINE SYSTEM versus ORAL CONTRACEPTIVES**

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**OBJECTIVES:** This study aimed to evaluate the cost-effectiveness of LNG-IUS 13.5 mg, a low-dose hormonal intrauterine contraceptive system for use up to 3 years, relative to the most commonly used oral contraceptive (OC) in Canada from a societal perspective.

**METHODS:** A state-transition model was developed to model the cost-effectiveness of LNG-IUS 13.5 mg over 3 years in a cohort of 1,000 women of reproductive age (15–44 years). The comparator was a generic version of the 100 mcg levonorgestrel intrauterine contraceptive device (LNG-IUS) currently available. The model assumed mutually exclusive health states: initial contraceptive method, unplanned pregnancy (UP) due to contraceptive failure and subsequent contraceptive method, taken up following UP or due to discontinuation of the initial method. The subsequent contraceptive method was defined as use of an oral contraceptive or the IUS 13.5 mg, a net cost increment ($0.005 to $0.780 2013 US dollars per delivery). OIU strategy could prevent more than 40,000 PPH episodes annually in LAC. In 27% of the countries in Haiti. In more than 60% of the countries, the required increment was below 5%. OIU strategy may help in increasing oxytocin in ampoules with OIU on the incidence of PPH, quality-adjusted life years (QALY), and cost per QALY.

**RESULTS:**: The effectiveness of OIU strategy was assessed within a threshold analysis: OIU strategy was cost-effective compared to the most prominent comparators in management of infertility in The Netherlands. The Uniject injection system prefilled with oxytocin (OiU) can achieve only small increases in OCR by incorporating OiU, this strategy could be cost-effective compared to the most prominent comparators in management of infertility in The Netherlands.