OBJECTIVES: At the most European countries the cost for assisted reproductive treatment is compensated from state and insurance funds. In Ukraine state funding of ART was launched on the Orders of MoH on 8% from 24.11.2004. However, most patients have to pay out-of-pocket costs for ART.

METHODS: We evaluated the general cost of short and long stimulation protocols for ART of new Order of MoH Ukraine 8797 from 23.12.2008 “On Approval of Instruction on the use of assisted reproductive technologies” Cost analysis for short and long protocols, based on the comparison of costs during 2014 and 2015 in Ukraine. RESULTS: ART are compensated from state and insurance funds. In Ukraine state funding of ART was launched on the Orders of MoH on 8% from 24.11.2004. However, most patients have to pay out-of-pocket costs for ART.

RESULTS: Short protocols of ART were based on stimulation with Follitrop and Gonal-f, which were compensated from state and insurance funds. The cost per cycle for stimulation with Follitrop was 43,000 UAH (31,273.60 Euros) and Gonal-f cost per cycle was 67,000 UAH (50,247.00 Euros). In comparison with the use of pregnant women, the cost avoidance per cycle was 24,000 UAH (17,773.60 Euros) and 48,000 UAH (35,547.20 Euros) for stimulation with Follitrop and Gonal-f, respectively. Furthermore, Gonal-f generated an additional cost avoided of 2,420 UAH (1,802.70 Euros) per cycle compared to Follitrop. The cost avoidance of using Gonal-f instead of Follitrop for stimulation of 1 cycle was proposed to be 2,420 UAH (1,802.70 Euros) per cycle.

PH13 COST-EFFECTIVENESS OF NATIONAL DRUG INFORMATION CENTER THROUGH MINISTRY OF HEALTH HOTLINE CALLING SERVICES (937) IN SAUDI ARABIA: APPLICATION OF A MERCIAN MODEL

OBJECTIVES: National Drug Information Center (NDIC) has started providing services since January 2013, and answering public and professional inquiries through MOH-Hotline Calling Services (937) since December 2013. The objective of this study was to estimate cost-efficiency of NDIC in Saudi Arabia using American model of drug information inquiries cost avoidance.

METHODS: Simulation including all 12-month 2014 of receiving adults and pediatrics drug information inquiries through MOH-Hotline Calling Services (937). Ten on-call clinical Pharmacists and expert trained pharmacists were receiving calls from public and professional asking about drug information, through manual documentation system of drug information inquiries by data collecting form. Using international Study Model (Kinsky et al, Ann Pharmacother 1999), the cost considered were the expected results of drug related problems sequel of drug information inquiries if not existing drug information services and were not answered; starting from Physician visit, additional treatment, hospital admission to death stage.

RESULTS: The total number answered calls was 112.6%. The cost avoidance of drug information services was 34,545.45 (26,736.52) answered drug information services. In UAH the patients’ age costs avoidance per each answered call was (415.78) and total cost was (109,768) (83,461.43) USD with partial documentation, the estimated total cost with complete documentation was (405,801) (319,360.14) USD. The cost avoidance of answering public inquiries was (80,806.50) and Professional inquiries was (28,961.50). The highest cost avoidance based on type of inquiries was dose standardization (34,195.15 USD), drug administration (21,324.32) USD followed by drugs in pregnancy (15,826.82 USD) and Adverse drug reactions (4,762.68 USD). The highest cost avoidance was Antibacterial expected related problem (33,454.50 USD).

CONCLUSIONS: In this National Drug Information Center cost-efficiency simulation for Saudi Arabia, hotline line calling services - Drug Information associated with cost savings per each receiving call, expanding the answering drug information services with electronic documentation, and available e-library resources considering the associated preventing drug related problems and Healthcare improvement and better care, better patient outcomes, and reduced costs.

PH14 ECONOMIC IMPACT OF TREATING CHINESE POSTMENOPAUSAL WOMEN WITH 17-B-ESTRADIOL COMBINED HORMONE REPLACEMENT THERAPY (HRT) COMPARED TO THE ALTERNATIVE PRACTICES

OBJECTIVES: In China there is a lack of awareness of HRT as a treatment option to alleviate climacteric symptoms of AP and missing information about prevention of preeclampsia. This study aims to assess economic impact of reimbursing 17-B-estradiol combined HRT from Chinese payer’s perspective.

METHODS: An economic analysis based on database is performed. A) HRT efficacy was simulated with the use of Michigan Woman Health-Choices model, a benchmark model of an assumed cohort of 100,000 women in 2 comparisons, namely HRT based on 2mg 17-B-estradiol and 10 mg Dydrogesterone versus mixed-treatment cohort, (including 41% no treatment after clinical consultations and 59% treated using CM). B) and a second comparator is CM-100% cohort (97% treated using CM). The average salary, therefore the availability of ART for families is low. It is necessary to determine the budget financing for ART to improve access to ART in Ukraine.

PH15 ANALYSIS OF PREECLAMPSIA PREVENTION IN REAL PRACTICE AND THE NEED TO IMPROVE INFORMATION SUPPORT OF DOCTORS IN UKRAINE

OBJECTIVES: Preeclampsia has a high prevalence rate and it’s the second leading cause of maternal death. In developing countries there are 600,000 to 500,000 deaths per year. An effective method of preeclampsia prevention in accordance with WHO guidelines, is a prescription of antplatelet drugs.

METHODS: Analyzes the schemes of consumed drugs for pregnant women, according to the real practice of hospitals on effective and affordable prevention of preeclampsia by antiplatelet drugs. In Ukraine the patients have to pay out of pocket, than the necessary information support of doctors in all those who have sought clinical consultations with HRT rather than maintaining a personal prescription.

PH16 A COST-EFFECTIVENESS EVALUATION COMPARING BIOSIMILAR BEMFOLA TO GONAL-F FOR THE TREATMENT OF INFERTILITY IN AN ITALIAN CONTEXT

OBJECTIVES: To evaluate the economic impact of using Bemfola® versus Gonal-f® in women undergoing ovarian stimulation for IVF" by Rettenbacher et al., a cost-effectiveness model was developed to compare costs and efficacies of the two comparators (Bemfola and Gonal-f) in an Italian context. Clinical data on number of subjects, total dose of gonadotropins, pregnancies and liveborn children, OHSS for both first and second cycle of the study by Rettenbacher et al. were used to feed the model. Costs related to drugs, DRG for ART, specific visits and examinations reimbursement were considered. The perspective is the NHS one. Costs of Bemfola and Gonal-f arms were divided by the efficacies, i.e. live birth rate, in order to obtain an average cost per live birth and ICER was calculated. RESULTS: Starting 100%. “A multi-centre phase 3 study comparing efficacity and safety of Bemfola® versus Gonal-f in women undergoing ovarian stimulation for IVF” by Rettenbacher et al., a cost-effectiveness model was developed to compare costs and efficacies of the two comparators (Bemfola and Gonal-f) in an Italian context. Clinical data on number of subjects, total dose of gonadotropins, pregnancies and liveborn children, OHSS for both first and second cycle of the study by Rettenbacher et al. were used to feed the model. Costs related to drugs, DRG for ART, specific visits and examinations reimbursement were considered. The perspective is the NHS one. Costs of Bemfola and Gonal-f arms were divided by the efficacies, i.e. live birth rate, in order to obtain an average cost per live birth and ICER was calculated. RESULTS: Starting 100%...
**PIH20**

**POPULATION COST-EFFECTIVENESS OF A PARENTING PROGRAM FOR THE TREATMENT OF CONDUCT DISORDERS: A MODELLING STUDY TO ASSIST PRIORITY SETTING IN AUSTRALIA**

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**OBJECTIVES:** Conduct disorders (CD) are common psychiatric disorders in children, and place a high burden on the individuals and society. Parenting programs are the gold standard for the treatment of CD but little is known about their possible longer-term cost-effectiveness. The study evaluated the population cost-effectiveness of Triple P, the most widely researched parenting program, for the treatment of CD in children from the societal perspective including only direct medical costs and direct non-medical costs (social care and criminal justice). Risk-of-bias analysis of economic evaluations undertaken at the Centre for Research Excellence in Mental Health Systems improvement in Australia. **METHODS:** A population-based Markov model was developed to estimate the cost per disability-adjusted life-year (DALY) averted of Triple P compared with no intervention. The target population was a cohort of 5-9 year old children with CD in the 2013 Australian population followed through to age 40. **RESULTS:** Multivariate sensitivity analysis of treatment effects was conducted to incorporate uncertainty in the model parameters and investigate the impact of assumptions in the outcomes. **RESULTS:** Triple P was evaluated in three formats: group face-to-face, Self-directed (SD) telephone assisted, and a combination of both. **CONCLUSIONS:** The alternative of 50% Group/50% SD telephone. Group face-to-face had an incremental cost-effectiveness ratio (ICER) of A$19,069 per DALY averted with a 0.998 probability of cost-effectiveness; SD telephone had an ICER of A$15,920 per DALY averted with a 0.931 probability of cost-effectiveness; and the mixed provision alternative had an ICER of A$25,945 per DALY averted with a 0.986 probability of cost-effectiveness. **CONCLUSIONS:** Triple P for the treatment of CD is good value for money and should be considered as part of the priority setting process to assist priority setting in Australia.

**PIH21**

**BIOSIMILARS, ARE THEY REALLY COST SAVING? THE CASE OF RECOMBINANT HUMAN FOLLICLE STIMULATING STIMULATING HORMONE IN PORTUGAL**

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**OBJECTIVES:** To estimate the cost-effectiveness of the original r-hFSH (Gonal-f) when compared with one biosimilar (Bemfola) using the evidence from a head-to-head comparative trials. **METHODS:** An Excel-based decision-tree model was developed depicting the different relevant outcomes that result from fertility treatment with r-hFSH. Probabilities were populated using the data from a head-to-head trial used in the reference Gonal-f, in 2016. There was a relevant over sensitivity analysis to take-away rates found in the trial. Costs were populated from Portuguese official sources and include the cost of the two drugs, as well as the costs related with treatment, such as costs for IVF, ICSI, child delivery and abortion. The analysis was performed from a societal perspective including only direct medical costs with no discounting since all costs occur in a single year. **RESULTS:** According to the model, treatment of 1,000 women with Gonal-f will result in a total number of 447 pregnancies, with 407 women achieving a new-born child. Total cost for this will be 3,062,802,800€, for a cost per woman achieving a new-born child of 7,534,49€. **CONCLUSIONS:** The biosimilar is economically dominated by Gonal-f, with its cost-effectiveness ratio being higher than the one found for Gonal-f. Under the current scenario the use of the biosimilar is not a cost-effective alternative to the use of Gonal-f and thus should be avoided.

**PIH23**

**THE COMPARATIVE PHARMACOECONOMIC ANALYSIS OF USING KORIFOLLITROPIN ALFA WITH GANIREXIL AND FOLLITROPIN ALFA WITH CETOREXIL FOR OVARIAN STIMULATION**

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**OBJECTIVES:** Corifollitropin alfa, a fusion protein, has a longer elimination half-life and extended time to peak than recombinant FSH (rFSH). The main aim of this study was to compare the pharmacoeconomic analysis of using corifollitropin alfa with ganirelix and follitropin alfa with cetorexil for ovarian stimulation. **METHODS:** Analysis of the published clinical trials was conducted to evaluate comparative costs of fertility therapy. The model included cost of drugs and included drug therapy and hospital treatment. Taking into account the hypothesis of equal effectiveness of using corifollitropin alfa with ganirelix and follitropin alfa with cetorexil for ovarian stimulation for pharmacoeconomic analysis was considered the most cost-effective treatment option. **RESULTS:** In the cost estimation model, corifollitropin alfa with ganirelix is a novel and effective treatment option for potential normal responder patients undergoing ovarian stimulation with gonadotropin co-treatment resulting in a high ongoing pregnancy rate, equal to the one with rFSH. The average cost for 1st variant of a course of korifollitropin alfa with ganirelix was 34,285 rubles ($460), and follitropin alfa with cetorexil – 65,352 rubles ($1,220). The average cost for 2nd variant of a course of korifollitropin alfa plus follitropin beta with ganirelix was 66,886 rubles ($1,249), and follitropin alfa with cetorexil – 65,352 rubles ($1,220). The CMA has shown that annual savings when used for ovarian stimulation 1st variant without follitropin beta will be 18%. **CONCLUSIONS:** The use of for ovarian stimulation as a single agent with ganirelix was more economically justified treatment option.

**PIH24**

**EXAMINING THE ECONOMIC BURDEN AND HEALTH CARE UTILIZATION OF MENOPAUSAL WOMEN IN THE U.S. MEDICAID POPULATION**

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**OBJECTIVES:** To examine the economic burden and health care utilization of menopausal women in the U.S. Medicaid population. **METHODS:** Female patients diagnosed with menopausal symptoms and/or those prescribed estrogen hormone therapy were identified using the U.S. Medicaid database from 01/Jul/2008 through 30/Jun/2010. The first diagnosis or prescription date was designated as the index date. Control patients were identified during the same time period and assigned a random index date. Patients in both cohorts were required to be aged 40-65 years and have continuous, fee-for-service medical and pharmacy benefits, 6 months pre-and post-index date. Controls were matched to cases based on age, state, race and index study year. Health care resource utilization and costs during the 6-month follow-up period were compared between the menopause and control cohorts. Generalized linear models were used to adjust for differences in baseline and demographic characteristics between the cohorts. **RESULTS:** A total of 71,076 patients were included in each cohort. Patients in the menopause cohort were significantly more likely to be diagnosed with depression (23.4% vs. 17.3%, p<0.001) and anxiety (11.6% vs. 8.0%, p<0.001) compared to those in the control cohort. After adjusting for baseline and demographic characteristics, significantly more patients in the Menopause Cohort had a history of hospitalization (3.9% vs. 2.7%, p<0.001) and physician office visits (89.7% vs. 78.4%, p<0.001). Higher health care utilization translated to higher health care costs for menopausal patients ($7,237 vs. $6,739, p<0.001), compared to controls. **CONCLUSIONS:** Menopausal symptoms or treated with hormone therapy incurred significantly higher health care utilization and costs compared to women without menopausal symptoms or treatment.

**PIH25**

**COST-EFFECTIVENESS OF TREATMENT FOR DYSMENORREIA AND ENDOMETRIOSIS IN JAPAN**

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**OBJECTIVES:** To examine the economic burden and health care utilization of menopausal women in the U.S. Medicaid population. **METHODS:** Female patients diagnosed with menopausal symptoms and/or those prescribed estrogen hormone therapy were identified using the U.S. Medicaid database from 01/Jul/2008 through 30/Jun/2010. The first diagnosis or prescription date was designated as the index date. Control patients were identified during the same time period and assigned a random index date. Patients in both cohorts were required to be aged 40-65 years and have continuous, fee-for-service medical and pharmacy benefits, 6 months pre-and post-index date. Controls were matched to cases based on age, state, race and index study year. Health care resource utilization and costs during the 6-month follow-up period were compared between the menopause and control cohorts. Generalized linear models were used to adjust for differences in baseline and demographic characteristics between the cohorts. **RESULTS:** A total of 71,076 patients were included in each cohort. Patients in the menopause cohort were significantly more likely to be diagnosed with depression (23.4% vs. 17.3%, p<0.001) and anxiety (11.6% vs. 8.0%, p<0.001) compared to those in the control cohort. After adjusting for baseline and demographic characteristics, significantly more patients in the Menopause Cohort had a history of hospitalization (3.9% vs. 2.7%, p<0.001) and physician office visits (89.7% vs. 78.4%, p<0.001). Higher health care utilization translated to higher health care costs for menopausal patients ($7,237 vs. $6,739, p<0.001), compared to controls. **CONCLUSIONS:** Menopausal symptoms or treated with hormone therapy incurred significantly higher health care utilization and costs compared to women without menopausal symptoms or treatment.