pregnancy, ectopic pregnancy, suspension because bleeding and other causes, and other adverse events by using either LNG-IUS, etonogestrel Implants, or levonorgestrel in most cases. **Conclusions:** The use of LNG-IUS would be an adequate option for patients seeking a long-acting contraceptive method and its use could be envisaged by the health-care system due to its cost-benefits in Colombia.

**PH329**

**Cost-effectiveness of prophylaxis of respiratory syncytial virus infection (RSV) with palivizumab in preterm infants in Colombia**

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**Objectives:** Infection due to respiratory syncytial virus (RSV) is usually transient and leaves no sequelae; however, in infants with risk factors such as prematurity, bronchopulmonary dysplasia, congenital heart disease or infection with HIV, infection can be severe, and implies higher costs. Some observational studies support the likelihood of an association between RSV and asthma. According to the Colombian Medical Federation, palivizumab was one of the ten most expensive drugs for the Colombian health system (US$63.6 million in the 4-year period 2008-11). The aim of this study was to evaluate the cost-effectiveness of palivizumab for the treatment of RSV infections in pre-term (<35 weeks) infants in Colombia. **Methods:** We designed a decision tree model using local epidemiological data, effectiveness and safety, as well as QALYs, obtained from the scientific literature. We used the third-party payer perspective and a 3% discount rate for costs and long term outcomes. The time horizon was the lifetime of the discrete event simulation was empirically modelled. **Results:** In our base case model, compared with no prophylaxis palivizumab showed on average an increase in costs per child of US$4,895, with 0.1645 QALYs gained, resulting in an incremental cost-effectiveness ratio of $29,760 per QALY (our per capita GDP is US$6,723). Other outcomes of importance in the model were: US$5,962 per caesarean section avverted, US$1,087,884 per life saved and US$75,084 per hospitalization averted. The price of palivizumab should be decreased 33% to reach the cost-effectiveness threshold of 3-times the per capita GDP. **Conclusions:** Under the assumptions and results of our study, palivizumab is not a cost-effective intervention and should not be recommended for routine immunization in preterm infants of 35 weeks gestational age or less, with or without bronchopulmonary dysplasia in Colombia.

**PH330**

**Cost minimization comparison of darunavir + ritonavir (DRV+RTV) to lopinavir/ritonavir (LPV/r) in HIV-1 infected treatment-naive women of child bearing age (WOCBA)**

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**Objectives:** HIV guidelines consider LPV/r a preferred protease inhibitor for use during pregnancy. The budget implications of proactively initiating LPV/r versus initiating DRV+RTV and then potentially switching to LPV/r upon pregnancy were examined. **Methods:** A cost minimization analysis was performed (US health care perspective) for HIV-1 infected, treatment-naive WOCBA comparing initiating LPV/r versus initiating DRV+RTV and switching to LPV/r when pregancy was reported to represent antiretroviral (ARV) therapy management. Clinical trial data were used to model pregnancy rates, ARV switch rates, treatment impact as a function of CD4-cell count/viral load, adherence, treatment response, acquired resistance mutations, and treatment discontinuation. Five- and 10-year costs incurred due to ARV therapy, clinical management of AIDS-related, non-AIDS related, and cardiovascular events were estimated. Analysis assumptions: switching to LPV/r can occur once only at first pre-pregnancy adherence level, Department of Medicine, University of Washington, Seattle, WA, USA

**Results:** There were no significant differences in cost for all health outcomes. However, LRV/r was associated with a lower risk of viral rebound. Analyses varied the rate of switching to LPV/r at time of pregnancy (0%, 30%, 100%), pregnancy rates, adherence improvement, and health care costs. Daily drug cost (WAC): LPV/r + TDF/TFC, $65.59; DRV+RTV+TDF/TFC, $73.89. Costs were discounted 3% per annum. **Results:** With 0% switch, survival was similar for LPV/r and DRV+RTV, 7.68 and 7.69 life years, respectively (+/- 0.03 QALYs) at 10 years. Five- and 10-year health care costs for WOCBA initiating LPV/r was lower than DRV+RTV by US$1,794 and US$5,942 per pregnant patient, respectively versus US$1,322,694 and US$235,854 when initiating DRV+RTV ($43,502 per patient savings at 10 years). If 100% of patients who initiated DRV+RTV switched to LPV/r upon pregnancy, savings per patient were reduced 21.3%. Sensitivity analyses showed that initiating LPV/r was always cost-saving relative to DRV+RTV. **Conclusions:** Initiating HIV infected, treatment-naive WOBCBA on LVP/r was cost saving compared to initiating DRV+RTV. Analysis limitations include the uncertainty of long-term outcomes projections driven by short-term clinical trial endpoints.
those included in the 1-year and change analyses completed the SF-36 within 30 days of their 1-year follow-up date. RESULTS: All patients contributed to the baseline data analysis, 47% of whom responded to the 1-year follow-up. At baseline, mean SF-6D values for all patients 50-59, 60-69, and 70-79 were 0.744 (SD=0.113), 0.743 (SD=0.105), and 0.722 (SD=0.101), respectively. At 1-year, E+P arm mean values were 0.794 (SD=0.117), 0.751 (SD=0.117), and 0.725 (SD=0.119) mean values were 0.792 (SD=0.118), 0.762 (SD=0.109), and 0.716 (SD=0.106), respectively. The E+P arm mean changes were -0.008 (SD=0.106), -0.004 (SD=0.096), and 0.000 (SD=0.093), and the placebo arm mean changes were -0.010, -0.000 (SD=0.095), and 0.011 (SD=0.093), respectively. CONCLUSIONS: We found minimally decreasing utilities among older age groups, and little variability between utilities by hormone replacement therapy use. These results may be particularly useful in future health economic evaluations of hormonal therapy research given that a hormone replacement therapy sample, and age group specific. However, our findings may be limited by the homogeneity and representativeness of the E+P trial participants.

PIH34
THE IMPACT OF PRIVATE VERSUS PUBLIC INSURANCE ON HEALTH STATUS, WORK PRODUCTIVITY AND HEALTH CARE UTILIZATION FOR INDIVIDUALS RESIDING IN BRAZIL

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OBJECTIVES: National health care policy in Brazil is delivered via a two-tiered (public/private) system. Controversy exists since access to private insurance is skewed towards those with higher socioeconomic status, with 75% having income >$50,000 the minimum wage, and 95% living in urban areas, mainly in the South and Southeast regions. Our objective was to assess the impact on health status, productivity and health care utilization due to insurance type among patients residing in different regions of Brazil. METHODS: Data were analyzed from a national survey, a nation-wide representative survey of 12,000 individuals in Brazil (N=12,000). Health status (SF-12v2), work productivity loss (WPAI), and health care resource use within a six-month time frame were compared across individuals in different insurance type strata (i.e., public/private). Data were also stratified according to Brazilian regions comprising the Mid-West, North, Northwest, South and Southeast, and the Federal District. Statistics included unpaired Student-t and Chi-square tests. ANOVA was used to test differences among regions of Brazil. RESULTS: A total of 11,985 individuals comprised the public (N=6,074) and private (N=5,911) insurance assessment. Health care utilization was significantly lower among individuals with private insurance (physician consultations: 70.9% versus 86.0%; income <$50K: 55.7% versus 73.9%, respectively). CONCLUSIONS: Individuals covered by private insurance reported significantly lower work productivity loss (WPAI), and lower health care utilization when compared to individuals covered by public insurance. Chronic conditions were more significantly burdened, potential programs can be developed to lessen their burden.

PIH36
PSYCHOMETRIC DEVELOPMENT OF A NEW PRO INSTRUMENT: THE FACE-Q SCALES FOR FACELIFT PATIENTS

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OBJECTIVES: Improved satisfaction with facial appearance is the primary desired outcome for patients undergoing facial cosmetic surgery. The FACE-Q is a new patient-reported outcome (PRO) instrument composed of scales to evaluate a range of outcomes (appearance concerns, quality of life, adverse effects) for patients undergoing a variety of facial cosmetic surgery, minimally invasive cosmetic procedure or facial injectable. The objective of this study was to describe the development and psychometric properties of a set of FACE-Q scales relevant to measuring outcomes in facelift patients. METHODS: The FACE-Q was developed according to international guidelines for PRO instrument development. Scales relevant to facelift patients include five appearance scales (each with five items) covering the following facial areas: cheeks, lower face and jawline, nasolabial folds, area under the chin, and neck. In addition, an adverse effects checklist was developed to measure postoperative symptoms and complications. Data were collected in a larger study that included 225 facelift patients (all had surgery within the past 5 years) between June 2010 and June 2012. Response rate 78%. Rasch measurement theory (RMT) analyses was used to examine clinical meaningful, thresholds for item responses, item fit, item locations, differential item functioning (DIF), standardized residuals, and person separation index (PSI). RESULTS: Participants were aged 36 to 77 years and 205 were female. The five appearance scales were found to be clinically meaningful, reliable, valid and responsive to clinical change. Specifically, RMT findings were as follows: no disordered thresholds; over all item fit statistics (29/30 items -2.5/+2.5); no DIF by gender, age or ethnicity; FSI = 0.88-0.90. Cronbach’s alpha were all >0.94 (0.94-0.97). CONCLUSIONS: The FACE-Q scales for facelift patients are scientifically sound and clinically meaningful scales that may be used to measure the impact of facelift surgery on patient satisfaction.

PIH37
EXAMINATION OF UNIVERSITY STUDENTS’ INTENTION TO UTILIZE EMERGENCY CONTRACEPTION USING THE THEORY OF PLANNED BEHAVIOR

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OBJECTIVES: To use the Theory of Planned Behavior (TPB) to predict university students’ intention to use emergency contraception (EC). METHODS: A web-based survey was pretested and emailed to 2,000 university students in May 2010. The web-based survey measured the essential components of the Theory of Planned Behavior: intention, attitude (A), subjective norm (SN), and perceived behavioral control (PBC). The independent variables, A, SN, and PBC were measured directly as well as by belief-based (indirect) measures. In addition, a measure of recent past behavior was evaluated. RESULTS: An overall usable response rate of 47% was obtained. University students either intend or do not intend to use EC if needed. The TPB has utility in predicting utilization of EC in university students. Focusing particular attention on A, as well as SN and PBC, will allow strategies and educational programs to enable men and women to use EC responsiblly.

PIH39
DEVELOPMENT AND CONTENT VALIDITY OF AN ENDOMETRIOSIS PAIN DAILY DIARY

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OBJECTIVES: "Child's pain" is a predominant symptom of endometriosis and is a burdensome domain (mean score=3.54 out of 5), followed by "emotional stress" (2.79), "financial" (2.52), "transportation" (2.51), "sacrifice" (2.22) and "medical care" (2.22). "Emotional stress" is the most burdensome domain (mean score=3.54 out of 5), followed by "financial" (2.79), "transportation" (2.51), "sacrifice" (2.22) and "medical care" (2.22). "Emotional stress" is the most burdensome domain (mean score=3.54 out of 5), followed by "financial" (2.79), "transportation" (2.51), "sacrifice" (2.22) and "medical care" (2.22). "Emotional stress" is the most burdensome domain (mean score=3.54 out of 5), followed by "financial" (2.79), "transportation" (2.51), "sacrifice" (2.22) and "medical care" (2.22). "Emotional stress" is the most burdensome domain (mean score=3.54 out of 5), followed by "financial" (2.79), "transportation" (2.51), "sacrifice" (2.22) and "medical care" (2.22). "Emotional stress" is the most burdensome domain (mean score=3.54 out of 5), followed by "financial" (2.79), "transportation" (2.51), "sacrifice" (2.22) and "medical care" (2.22). "Emotional stress" is the most burdensome domain (mean score=3.54 out of 5), followed by "financial" (2.79), "transportation" (2.51), "sacrifice" (2.22) and "medical care" (2.22). "Emotional stress" is the most burdensome domain (mean score=3.54 out of 5), followed by "financial" (2.79), "transportation" (2.51), "sacrifice" (2.22) and "medical care" (2.22). "Emotional stress" is the most burdensome domain (mean score=3.54 out of 5), followed by "financial" (2.79), "transportation" (2.51), "sacrifice" (2.22) and "medical care" (2.22). "Emotional stress" is the most burdensome domain (mean score=3.54 out of 5), followed by "financial" (2.79), "transportation" (2.51), "sacrifice" (2.22) and "medical care" (2.22). "Emotional stress" is the most burdensome domain (mean score=3.54 out of 5), followed by "financial" (2.79), "transportation" (2.51), "sacrifice" (2.22) and "medical care" (2.22). "Emotional stress" is the most burdensome domain (mean score=3.54 out of 5), followed by "financial" (2.79), "transportation" (2.51), "sacrifice" (2.22) and "medical care" (2.22). "Emotional stress" is the most burdened, potential programs can be developed to lessen their burden.