comparison to UAE (pregnancies: 3.44, 95%CI 1.18–10.03, live-births: 3.02, 95%CI 1.00–9.00). CONCLUSIONS: UAE is less effective than UAE and MYO in the treat-
ment of symmetric fibroid symptoms for women who want to preserve their uterus. The choice between UAE and MYS should be based on individuals’ short and long-
term expectations.

PIH3 META-ANALYSIS OF BCG VACCINE EFFICACY FOR INFANTS IN IRELAND Schumacher K1, O’Shea I1, Adams C1, Walsh C1
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OBJECTIVES: BCG vaccination policy is greatly debated. An important issue for coun-
tries using the vaccine is to try and estimate any influence it has on the tuberculosis (TB) incidence in the population. The aim of this analysis is to estimate the effective-
ness of the BCG vaccine in infants in Ireland.
METHODS: We searched PubMed and Embase for studies assessing a relative reduction in TB events after vaccination in infants. We assessed four manuscripts, including a meta-analysis, on the incidence of TB as a cause of death. Observational data from Ireland was combined with raw data from studies identified in the literature in a random-effects meta-analysis model to estimate the relative risk (RR) of vaccine efficacy against pulmonary TB, extra-pulmonary TB (EPTB), TB meningitis and TB deaths.
RESULTS: Two meta-analyses were found. The first meta-
analysis reviewed identified 5 randomised control trials and 11 case control studies against pulmonary TB (Trials 0.26 95% CI 0.17, 0.38; Cases 0.48 95% CI 0.37, 0.62) and TB deaths (Trials 0.35 95% CI 0.14, 0.80). The second meta-analysis identified a further 7 case-control studies and evaluated EPTB efficacy against EPTB (0.23 95% CI 0.13, 0.42) and TB meningitis (0.27 95% CI 0.21, 0.33). Estimates from observational data from Ireland for pulmonary TB were (0.14, 95%CI 0.05, 0.29) EPTB (0.13, 95% CI 0.05, 0.29) and TB meningitis (0.17, 95%CI 0.04, 0.44). Pooled RR estimates from Irish data and international estimates show a significant reduction in TB cases: Pulmonary TB: 0.26 (95% CI: 0.13, 0.54), EPTB: 0.16 (95% CI: 0.08, 0.31), TB meningitis: 0.27 (95% CI: 0.21, 0.34) and TB deaths: 0.26 (95% CI: 0.33, 0.48).
CONCLUSIONS: This meta-analysis of local observational data with interna-
tional trial data indicates that vaccination of infants with the BCG vaccine reduces the risk of pulmonary TB, EPTB, TB meningitis and TB deaths.

PIH4 CO-ADMINISTRATION OF ANTIPSYCHOTICS AND ANTI-DEMENTIA DRUGS IN IRELAND Hinterberger M1, Fuzzi F1, Reichardt B2
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OBJECTIVES: The use of antipsychotics for people with dementia is regarded as problematic, causing cerebrovascular side effects and increasing mortality. In some countries, health-policy makers have already addressed a need for action to reduce the use of antipsychotics for people with dementia. The main purpose of this analysis is to determine the extent of co-medication of antipsychotics with people with medically-treated dementia in Austria, stratified by age and sex.
METHODS: Provided in a pseudonymised manner, the data comprise all filled prescriptions of cholinesterase inhibitors and memantine in the years 2011 and 2012 at the expense of the 13 major Austrian health insurance funds, covering more than 97% of the population. The use of antipsychotics for people with dementia is regarded as problematic, causing cerebrovascular side effects and increasing mortality.
RESULTS: In the over-65 age group, the adoption of antidepressants and antipsychotics is higher among women than men. The incidence of dementia is higher in men than women. The co-administration of antidepressants and antipsychotics was significantly higher among patients with dementia and the incidence of dementia is higher in men than women. The co-administration of antidepressants and antipsychotics was significantly higher among patients with dementia and the incidence of dementia is higher in men than women.
CONCLUSIONS: This analysis starts with the premise that patients with dementia are not always appropriately treated. The main purpose of this analysis is to determine the extent of co-medication of antipsychotics with people with medically-treated dementia in Austria, stratified by age and sex. The main purpose of this analysis is to determine the extent of co-medication of antipsychotics with people with medically-treated dementia in Austria, stratified by age and sex. The main purpose of this analysis is to determine the extent of co-medication of antipsychotics with people with medically-treated dementia in Austria, stratified by age and sex. The main purpose of this analysis is to determine the extent of co-medication of antipsychotics with people with medically-treated dementia in Austria, stratified by age and sex.

PIH5 ASSESSING PRODUCT SAFETY VIA PATIENT BASED ACTIVE SURVEILLANCE (AS): A STUDY IN 36 WOMEN USING HORMONE REPLACEMENT THERAPY (HRT) Heinemann K1, Raudenbuehrer K2, Pothoff F2
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OBJECTIVES: The progesterone drospirenone (DRSP) has antimineralocorticoid properties with potentially beneficial as well as unfavorable effects on cardiovascular outcomes compared to other progestins. A patient based AS study was set up to compare incidence rates of serious adverse events – in particular cardiovascular outcomes – in users of DRSP relative to users of other HRTs.
METHODS: Prospective, controlled cohort study (2002-2011) with three arms: women using 1) DRSP/estradiol; 2) other oral continuous-combined HRT (occHRT); and 3) all other HRTs. The study population included women aged 40 or older in seven European countries starting or switching to an oral HRT at time of inclusion in the study. Outcomes were collected from the patients and validated by the treating physician. A 5-4 level follow-up procedure was to ensure low loss to follow-up rates. The analysis is based on Cox regression models comparing the cohorts. RESULTS: A total of 30,597 users of oral HRT preparations – more than 100,000 WY of observation – were recruited by 1,052 centers. Incidence rates of cardiovascular outcomes in users of low dose thromboembolic prophylaxis were 17.5 (95% CI: 11.2-26.0) and 18.2 (95% CI: 11.9-26.6) per 10,000 WY, respectively. The respective incidence rates for arterial thromboembolism were 10.9 (95% CI: 6.1-18.0) and 29.8 (95% CI: 24.1-36.4) per 10,000 WY with a hazard ratio adjusted for age, BMI, hypertension, region, family history of fatal ATE, diabetes, user status

of 0.5 (95%CI: 0.3-0.8) for DRSP/estradiol vs. other occHRT. CONCLUSIONS: Results indicate a good safety profile with respect to cardiovascular risk for DRSP/estra-
diol. 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

PIH6 ECONOMIC IMPACT OF THE USE OF AN ABSORBABLE ADHESION BARRIER IN PREVENTING ADHESIONS FOLLOWING OPEN GYNECOLOGIC SURGERIES

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OBJECTIVES: Abdominal adhesions are common after gynecologic surgeries, often resulting in complications such as bowel obstruction and chronic pain, which leads to increased length of stay and more frequent readmissions.
METHODS: The use of GYNECARE INTERCEED® Absorbable Adhesion Barrier is associated with fewer complications such as bowel obstruction and chronic pain.
RESULTS: The use of GYNECARE INTERCEED® in women undergoing open surgical gynecologic procedures resulted in a cost of $35,500 (95%CI $21,200 - $51,000) per patient. A 3-in-1 reduction in cost of follow-up by 17% annually. CONCLUSIONS: The use of GYNECARE INTERCEED® Absorbable Adhesion Barrier is associated with fewer complications such as bowel obstruction and chronic pain.

PIH7 BUDGET IMPACT OF HPV16/18 GENOTYPING TESTS FOR THE MANAGEMENT OF NON-CURATIVE COTESTING CERVICAL CANCER SCREENING RESULTS: A UNITED STATES PAYER PERSPECTIVE

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OBJECTIVES: The use of HPV tests that require reflex genotyping, screening with a 3-in-1 test reduced the cost of testing and treatment for cervical intraepithelial neoplasia grade 2 or worse in 0.13, 95% CI 0.05, 0.21 compared to other HPV testing strategies. The strategies tested reflect different options for INF CxCa per 10,000 HPV+ Pap- result was $10,530/9.2 (repeat co-testing at 12 months), $8,500/2.6 (reflex HPV16/18) and $7,278/2.6 (routine co-testing with 3-in-1 test). Using HPV16/18 genotyping to manage discordant co-testing results increased ≥CIN2+ cases detected and prevented disease progression. Comparing to other HPV testing strategies there was a 3-in-1 reduction in cost of follow-up by 17% annually. CONCLUSIONS: The use of GYNECARE INTERCEED® Absorbable Adhesion Barrier is associated with fewer complications such as bowel obstruction and chronic pain.

PIH8 BUDGET IMPACT OF DINEOGENET IN TREATING ENDOMETRIOSIS ASSOCIATED PELVIC PAIN IN BRAZIL: A PUBLIC PERSPECTIVE ANALYSIS

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OBJECTIVES: The commercial impact of the use of DINEOGENET® in the treatment of endometriosis associated pelvic pain was assessed. The use of DINEOGENET® in the treatment of endometriosis associated pelvic pain was assessed.
METHODS: The analysis was conducted from the public perspective over a five-year time horizon. The budget impact model (BIM) specifically considered

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