pregnancy, ectopic pregnancy, suspension because bleeding and other causes, and other adverse events by using either LNG-IUS, etonogestrel implants, levonorgestrel implants or copper T (last-two included in health care plan). Effectiveness and adherence were taken from previously published studies and the costs were taken from database of patients in Columbia and are expressed in Colombian pesos (COP). An expert gynecologist reviewed the data. A cost-minimization analysis was performed using U.S. dollars ($US) by calculating the costs assigned by the public health care system in Colombia to health care during the first five years of life of children and cost of delivery care. A sensitivity analysis was developed using a Monte Carlo simulation and a tornado analysis. RESULTS: 3.18% of 13.87 pregnancies occurred with using LNG-IUS as compared with 40.39 using Copper T, 30.08 using etonogestrel implant, and 29.55 using levonorgestrel implant for the base case analyzed. Cost of LNG-IUS arm was COP$ 4,549.54 and COP$ 2,879.80 using copper T and copper T 549.45, respectively. Applying a discount rate of 3% LNG-SIU was dominant versus implant etonogestrel and very cost-effective compared with levonorgestrel implant (ICER COP$63,580.54 per QALY). Sensitivity Analyses confirm that LNG-USG keeps its benefits against etonogestrel and 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.

PIH29

COST-EFFECTIVENESS OF PROPHYLAXIS OF RESPIRATORY SYNCYTIAL VIRUS INFECTION (RSV) WITH PALIVUZUMAB 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 infections they may experience serious, and in other cases, lethal conditions. 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 year 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 Columbia. METHODS: We designed a decision tree model using knowledge of 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 expected lifetime of the patient, respectively, versus $132,694 and $235,854 when initiating DRV+RTV (a most expensive drugs for the Colombian health system). RESULTS: The budget implication of proactively initiating LPV/r versus DRV+RTV was $8,890 (average charges of $17,645) this is compared to average cost of $3,860 (average costs of $10,106) for all vaginal deliveries. Hospital cost for cesareans after failed induction averaged $29,700 (average charges of $21,875) for all cesarean sections. Average length of stay for failed induction with cesarean was 4.42, compared to 3.8 days with vaginal deliveries per patient. CONCLUSIONS: Failed medical induction is associated with increased risk of cesarean delivery, and associated increased hospital resource use, and expenditure in delivery. Preventing complications with induction may substantially reduce health care costs and resource utilization.

INDIVIDUAL’S HEALTH – Patient Outcomes & Related Patient Studies

PHI32

VARIATION IN COST-RELATED MEDICATION NON-COMPLIANCE WITH FUNCTIONAL DEFICIENCY AND FREQUENCY OF HOSPITALIZATION AMONG US ELDERLY

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OBJECTIVES: Cost-related medication non-compliance (CRN) is a persistent issue that negatively impacts the effectiveness of medical intervention. This study aims to evaluate the variation of CRN with functional deficiencies and with frequency of hospitalization among the US elderly using a nationally representative data set. METHODS: Health Retirement Survey (HRS) 2010 was used to assess CRN, deficiencies in Activities of Daily Living (ADL), Instrumental Activities of Daily Life (IADL), and frequency of hospitalization over the past 2 years (0, 1, 2, 3, or 4 or more). CRN was assessed based upon self-reported non-compliance after performing bivariate analyses of the association between ADLs/IADLs, hospitalizations, insurance coverage, self-reported monthly out-of-pocket (OOP) payments of prescription drugs and CRN, a logit model was used to assess the relationship bed between CRN and associated risks factors. RESULTS: 12,793 (12.7%) out of 22,042 elderly reported_cn per period over a period of 2 years. Those reported CRN has a mean ADL deficiencies 0.79 (p.d. 1.43) versus those who did not 0.48 (p.d. 1.16) (p<0.001), and a mean IADL deficiencies 0.53 (p.d. 0.97) versus those who did not 0.38 (p.d. 1.33). Compared to those who did not have hospitalization, those who had 1 admission were 17% more likely to report CRN (p=0.005), those with 2 admissions 14% more likely (p=0.10), 3 admissions 54% more likely (p<0.001), and 4 or more admissions 33% more likely to report CRN (p=0.007). There was an inverse U-shaped relationship between CRN and deficiencies in ADLs/IADLs, as ADL/IADL deficiencies increased, the likelihood of CRN first increased and then decreased. CONCLUSIONS: The positive relationship between number of hospitalizations and CRN and the inverse U-shaped relationship between functional deficiencies and CRN raise concerns that CRN may decrease the effectiveness and increase the cost of care in this population.

PHI33

THE WOMEN’S HEALTH INITIATIVE ESTROGEN+PROGESTIN CLINICAL TRIAL

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OBJECTIVES: The Women’s Health Initiative (WHI) estrogen+progestin (E+P) clinical trial provides a large sample to estimate health state utilities values for postmenopausal women ages 50-59 years and 60-79 years of age. To facilitate future health economic evaluations in this large population sub-group, we estimated utilities for trial participants stratified by age group (50-59, 60-69, 70-79) and randomization assignment (E+P or placebo). METHODS: We measured health state utilities for trial participants using a 15-state measure (SF-6D) utility index using a validated Bayesian mapping algorithm and U.S. weights. We calculated cross-sectional mean baseline and 1-year utilities, and mean women-patient utility change 0-1 year baseline to 1-year. Patient is included in the utility analysis completed the SF-36 within 7 days of randomization, and

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