HCV treatment is associated with significant health care resource utilization. A high proportion of patients progressed to treatment failure which was associated with substantial additional costs, especially the anemia treatment. Thus, the cost of AE should be considered in future treatment options.

**PIN42**

**DIRECT COST OF HEPATITIS C FROM THE PERSPECTIVE OF THE HEALTH CARE SYSTEM FOR THE FEDERAL GOVERNMENT EMPLOYEES IN MEXICO**

**OBJECTIVES:** Estimate the direct cost of hepatitis C in Mexico, from the perspective of the federal government employees, and simulate the economic impact of new antivirals.

**METHODS:** We reviewed one hundred clinical records of patients diagnosed with chronic hepatitis C. To know the pattern of resources use at two hospitals of the health care system for the government employees, taking into account the disease stages based on the Child-Pugh. The inclusion criterion was patients with chronic HCV unresponsive to treatment or without the double viral therapy. Unit prices and costs of medical inputs were obtained from official sources. Statistical analysis of data was made with the SPSS. Simulation of economic impact of treatment with antivirals was done based on natural history of disease over a ten years horizon. **RESULTS:** Annual mean costs of disease progression and complications were higher for Child-Pugh C (US$878) than B (US$545) and A (US$436). The estimated cost of one patient in Child-Pugh A stage not responding to peginterferon and ribavirin resulted in US$426 taking into account that this patient was treated with Child-Pugh C. If the not responding patient could be treated with peginterferon, ribavirin and boceprevir the cost would be US$436, while a naive patient would cost US$426. **CONCLUSIONS:** Hepatitis C imposes a high economic burden to the health care system for the government employees. The access of this population of patients to new antivirals would result in savings for the institution as well as increasing health benefits for patients.

**PIN43**

**A COST-EFFECTIVENESS ANALYSIS OF PRE-EXPOSURE PROPHYLAXIS (PREP) FOR THE PREVENTION OF HIV IN THE LOS ANGELES COUNTY MSM POPULATION**

**OBJECTIVES:** To assess the potential trade-offs between aggressive screening (“test-and-treat”) of the human immunodeficiency virus (HIV), early initiation of treatment (“test-and-treat”) with antiretroviral therapy (ART), and pre-exposure prophylaxis (PrEP) among men who have sex with men (MSM) in Los Angeles County (LAC). We performed a cost-effectiveness analysis of HIV incidence among 15-65 year old MSMs of LAC over a twenty-year period, and estimate the cost and effectiveness of various HIV interventions using a societal perspective and a lifetime horizon. Annual LAC MSM population data (2000-2010) are estimated from the LAC HIV Surveillance Reports and the RAND California Population and Demographics database. The model input parameter values were derived from the published clinical literature and the Federal Supply and IMS Fee Schedules. For each intervention, we estimate the number of new HIV infections averted, the discounted costs and quality-adjusted life years (QALYs), and the incremental cost per infection averted and cost-effectiveness ratios. Bootstrapping and probabilistic sensitivity analysis were conducted to assess the uncertainty of the estimates. **RESULTS:** Our preliminary results show that relative to the status quo policy, and at the current US willingness to pay threshold of $100,000/QALY saved, 3-day HIV incidence testing and 3-day incidence testing and 1-week incidence testing were cost-effective ($61,946, $44,746 and $94,520 per QALY saved, respectively). These results are imputable to the preventive and survival benefits of PrEP, knowledge of infection status, and early treatment. The relative effectiveness of PrEP is sensitive to PrEP and ART adherence and their associated costs. All cost-effectiveness ratios following patent expiration. **CONCLUSIONS:** PrEP, “testing” and “test-and-treat” strategies remains particularly contingent on the uptake rate and adherence to treatment. The lack of evidence on adherence behaviors towards PrEP thus warrant further studies that mimic real-world adherence patterns.

**PIN44**

**COST-EFFECTIVENESS OF SMALL INTESTINAL SUBMUCOSA EXTRACELLULAR MATRIX ON WOUND CLOSURE IN PATIENTS WITH DIFFICULT-TO-HEAL WOUND OF NASAL ARTERIAL/VENOUS AND VENOUS ETIOLOGY**

**OBJECTIVES:** Determine the cost-effectiveness of small intestinal submucosa extracellular matrix (SIS) relative to standard of care (SC) on wound closure for the treatment of mixed arterial/venous (AVV) or venous (UV) leg ulcers. **METHODS:** A 2-stage Markov model was used to predict the expected costs and outcomes of wounds closure for some data and a second-stage study that was taken from an 8-week randomized clinical trial that directly compared SISEM and SC. Patients were followed for 6 months to assess wound closure. Forty-eight patients were randomized to the SISEM group, 22 of which were for SC. A Markov model was used to simulate the outcomes of the model was taken. **RESULTS:** SISEM-treated wounds healed, on average, after 5.4 weeks of treatment, compared to 8.3 weeks for SC wounds (p=0.02). Furthermore, complete wound closure was significantly higher for patients treated with SISEM (p<0.05), with 20 wounds closed in the SISEM group (80%) and 15 wounds closed in the SC

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**A272 VALUE IN HEALTH 17 (2014) A1-A295**

**Drug Reimbursement Program Database**

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**OBJECTIVES:** The objective was to estimate, in a real-life setting, the health care resource utilization, more specifically resource utilization for management of the most common adverse events (AE) associated with current treatment of hepatitis C virus (HCV) infection. **METHODS:** A retrospective study of the Quebec provincial drug reimbursement program (RAMQ) was conducted using a random sample of patients who filed at least one script at the pharmacy for an HCV medication (pegylated interferon and ribavirin (peg-Riba) +/- boceprevir or telaprevir) from 2007 to 2013. Data on medical (excluding nurse visits) and pharmaceutical services were extracted from the RAMQ database. We report health care resources used during HCV treatment including outpatient physician’s visits and procedures, emergency hospitalizations, hospital stays and costs associated with adverse events, which included medical services and medications. **RESULTS:** A total of 962 patients who used at least one HCV medication were included in the study (mean age: 47.9 years (SD=12.2), 79% male, of which 90% had more than one episode). The proportion of patients who used Peg-Riba only, Peg-Riba + boceprevir and Peg-Riba + telaprevir were 90.5, 8.2% and 3.4% and treatment duration was 31.5 weeks, 30.4 weeks and 21.6 weeks respectively. During HCV treatment, the average number of health care resources used per patient was 13.2 physician’s visits, 0.8 hospitalizations and 0.8 hospitalization days and costs were derived from the RAMQ database. We report health care resources used during HCV treatment, 20.8% of patients required erythropoietin, 33.3% received rash treatments and 48.8% were treated for depression. Estimated costs associated with management of these three AE were CDN$11,399, CDN$255 and CDN$12,870 respectively, for a total of CDN$2,929,358 for this cohort. **CONCLUSIONS:**