HCV treatment is associated with significant health care resource utilization. A high proportion of patients experienced AE for which management 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:** To estimate the direct cost of hepatitis C in Mexico, from the perspective of the federal health system, using the published data for costs related to acute hepatitis C episodes. The study was based on medical records of patients diagnosed with hepatitis C in Mexico.

**Methods:** The cost of hepatitis C management was estimated using the published data for costs related to acute hepatitis C episodes. The study was based on medical records of patients diagnosed with hepatitis C in Mexico.

**Results:** The total cost of hepatitis C management was estimated to be $171,276 per patient. The cost of hospitalization was $12,377 ($23,985) in 2000 to $16,339 ($37,224) in 2010. Mean [SD] LOS for these hospitalizations fluctuated from 2,282 in 2000 and peaked at 5,343 in 2005, then declining to 1,614 in 2007 before another peak of 3,220 in 2010. These data may help inform economic and cost-effectiveness evaluations of future pertussis vaccination programs.

**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 cost-utility of PrEP (the preventive and survival benefits of PrEP) thus warrants further studies that mimic real-world adherence patterns. The success of the PrEP programs depends on a number of factors, including the willingness of individuals to take the medication regularly and the availability of follow-up care. An evaluation of the program's success should include both the short-term and long-term outcomes.

**Methods:** A compartmental mathematical model is developed to simulate the preventive and survival benefits of PrEP, knowledge of infection status, and early initiation of treatment ("test-and-treat") with antiretroviral therapy (ART), and pre-exposure prophylaxis (PrEP) for men who have sex with men (MSM) in Los Angeles County (LAC) using a Markov model in Excel. Key parameters such as the effectiveness of PrEP and the transmission rate of HIV are estimated from the LAC HIV Surveillance Reports and the RAND California Population and Demographics database. The model input parameter values are derived from the published clinical literature and the Federal Supply and IMS Fee Schedule. 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. The model is run for various assumptions about the duration 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, PrEP is cost-effective in the LAC population. The ICERs range from $9,420 to $1,194, $4,746 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 initiation of treatment. The relative effectiveness of PrEP is sensitive to PrEP and ART adherence and the relative effectiveness of the interventions following patent expiration. Conclusions: PrEP, “testing” and “test-and-treat” strategies remain particularly contingent on the uptake rate and adherence to treatment. The lack of evidence on adherence behaviors towards PrEP thus warrants 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 MEDIAL ARTERIAL/VENOUS AND VENOUS ETIOLOGY**

**Objectives:** To determine the cost-effectiveness of small intestinal submucosa extra cellular matrix (SIS) relative to standard of care (SOC) on wound closure for the treatment of mixed arterial/venous (AV) or venous (VUV) leg ulcers. METHODS: A 2-stage Markov model was used to predict the expected costs and outcomes of wound closure with same data used and extended to include scenarios taken from an 8-week randomized clinical trial that directly compared SISM and SOC. Patients were followed for 6 months to assess wound closure. Forty-eight patients were enrolled in the study, 25 for SISM and 23 for SOC. The SISM group was defined as the standard of care, which was seen as equivalent to the SOC. Transition probabilities for the Markov states were estimated from the clinical trial. The economic outcome of interest was direct cost per ulcer-free year. Resource utilization was based on the treatment regimen used in the clinical trial. The model was not run with cost references, and the simulation model was taken. Results: SISM-treated wounds healed, on average, after 5.4 weeks of treatment, compared to 8.3 weeks for SOC wounds (p = 0.02). Furthermore, complete wound closure was significantly higher for patients treated with SISM (p < 0.05), with 20 wounds closed in the SISM group (80%) and 15 wounds closed in the SC