HCV treatment is associated with significant health care resource utilization. A high proportion of patients experienced AEs 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 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 used 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 HVC unresponsive to treatment or without the double viral therapy. Unit prices and costs of medical inputs were obtained from official sources.

**RESULTS:** Annual mean costs of disease progression and complications were higher for Child-Pugh C ($US87,399) than B ($US62,319) and A ($US4,430). The estimated cost of one patient in Child-Pugh A stage not responding to pegyterferon and ribavirin resulted in $US62,506 taking into account that this patient could be treated with the Child-Pugh C if the not responding patient could be treated with pegyterferon, ribavirin and boceprevir the cost would be $US43,633, while a naive patient would cost $US34,302. **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). **METHODS:** Mathematical models were used to simulate the future 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 Schedule. For each intervention, we estimated 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 analyses were conducted to assess the robustness 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 and “test-and-treat” are cost-effective alternatives to the status quo. The effectiveness of PrEP 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 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 ABDOMINAL/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 (AV) or venous (VVs) leg ulcers. **METHODS:** A 2-stage Markov model was used to predict the expected costs and outcomes of wound closure. The same data and model were 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 completed the study; 25 for SISEM and 23 for SC. SC was defined as a standard moist dressing. Transition probabilities for the Markov states were estimated from the clinical trial. The economic outcome of interest was direct cost per ulcer-free year. **RESULTS:** Resource utilization was based on the treatment regimen used in the clinical trial and occurred on the 1-year time horizon. The main cost drivers were treatment, the present perspective was taken. **CONCLUSIONS:** SISEM-treated wounds healed, on average, after 5.4 weeks of treatment, compared to 8.3 weeks for SC wounds (p<0.002). 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