extrapolated for the years 2012-2016 by applying population forecasts from the official Finnish statistics. Health care resource use and Finnish unit costs (€2011, societal perspective) were obtained from published national sources. RESULTS: Approximately 35% of the 2.2 million Finns of over 50 years of age can be considered to be at moderate or high risk for PDs due to the underlying chronic medical conditions. The vaccination of these people with PCV13 could provide an estimated net saving of €218 million compared to the current no-vaccination situation during the five years. Among the risk groups considered, the largest net savings (€66.2 million) could be expected to be obtained by vaccinating people with heart disease due to its high prevalence in the target population. CONCLUSIONS: The inclusion of adults (>50 years) at higher PD-risk with PCV13 vaccination potentially lead to substantial cost savings during the forthcoming years in Finland.

PIN23
ECONOMIC ANALYSIS OF ATAZANAVIR AS 1ST LINE TREATMENT FOR VIH PATIENTS, ON STABLE AND SEVER HEALTH STATE
OBJECTIVES: To estimate the budget impact associated with use of Atazanavir as 1st line treatment in Spanish market of antiretroviral drugs for VIH patients, on stable and severe health state. METHODS: An economic Model was developed to evaluate the Budget Impact of using Atazanavir (ATV), as 1st line treatment, for VIH patients in the Spanish National Health System perspective, over a 10-year period. Therapies included in the analysis were Darunavir (DRV), Lopinavir (LPV) and Efavirenz (EFV). Patient data were obtained through microsimulation model, with a patient cohort simulated, statistically significant and representative (N= 40,000). The costs were obtained from local databases and were considered phase-drug and direct health care costs. An annual discount rate assumed was of 3%. The discontinuation rates after AEs assumed for all the treatments were: 71.3% from diarrhea, 61.3% from nausea, 28.8% from jaundice, 82.5% from rash and 55% from CNS events. The simulation was performed per patient per year at annual and cumulative level. RESULTS: Atazanavir use led to differential annual costs per patient after 10 years of treatment of 559€, 209€ and 76€, with respect to DRV, LPV and EFV. The highest savings generated by ATV derived from durable health of 1st line treatment (807€, 906€ and 1045€ EFV), followed by return to health and durable viral suppression. This savings offset ATV drug cost versus other antiretroviral drugs. CONCLUSIONS: This analysis showed that treatment with Atazanavir for VIH patients, on stable and severe health state, generates net savings for Spanish National Health System perspective. Atazanavir may be an attractive option for real-life effectiveness analysis because of budgetary reasons are increasingly important for hospitals.

PIN24
CLINICAL AND ECONOMIC EVALUATION OF AN ADULT PNEUMOCOCCAL VACCINATION PROGRAMME AIMED AT THE SPANISH HIV POPULATION
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OBJECTIVES: Recently, 13-valent Pneumococcal Conjugate Vaccine (PCV13) has been approved for adults 50 years of age and older for the prevention of invasive pneumococcal disease (IPD) caused by the vaccine serotypes. This study was aimed to assess the clinical impact and cost effectiveness of PCV13 vaccination on adults compromising conditions based on HPV published data. METHODS: A budget impact model for the whole HIV population was designed under the Spanish National Health System with a 4-year time horizon. Calculations of cases were based on published IPD incidence (0.74%) and recurrent IPD ratio in this population. From total IPD cases, 92% were considered bacteraemia originating from pneumonia. 5.5% bacteraemia without apparent focus and endocarditis and 2.5% meningitis. PCV13 efficacy, serotype coverage, IPD mortality and disease related costs were based on published data. Model was built up assuming full vaccination coverage and no indirect effect. All costs were expressed in €2012. RESULTS: There would be 2,392 IPD cases in Spanish HIV patients over 4-year time horizon (596 annual cases). The model predicts that the implementation of a PCV13 vaccination program for HPV population would be a cost saving measure due to IPD cases averted. Over the period 2013-2017 would prevent 664 IPD cases and 162 IPD related deaths. CONCLUSIONS: Based on this health economic evaluation, the inclusion of a PCV13 vaccination program for HPV population would be an efficient measure. PCV13 vaccination would have a high impact on pneumococcal disease prevention, avoiding deaths and saving costs.

PIN25
HEALTH AND ECONOMIC BENEFITS OF AVOIDING HOSPITAL PEN MOVES FOR DAIRY CATTLE IN THE UNITED STATES
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OBJECTIVES: Separation of sick dairy cows to hospital pens, isolated from healthy cattle, is a common practice to manage risks of inadvertently milk and milk residue violations associated with use of certain antimicrobials. However, drawbacks of hospital pen moves are frequently overlooked. Our objective was to develop a model 1) to quantify health and economic burden associated with hospital pen moves, and 2) to compare the economic impact associated with choice of antimicrobials requiring a hospital pen move because of milk withholding (standard: ampicillin, penicillin, oxytetracycline) to those not requiring milk withholding (comparator: three ceftiofur) and therefore avoiding hospital pen moves. METHODS: A decision tree was developed in MS Excel to 1) estimate the impact of hospital pens on labor, stabling, milking yield and immunity, risk of secondary diseases and associated treatment/culling/ replacement costs, and 2) compare standard and comparator treatments by considering treatment duration, milk withholding-associated revenue losses (based on product labels) and impact of hospital pen moves. Costs and prices (US$, 2010) were based on peer-reviewed literature and expert opinion. Output data were derived from published sources. RESULTS: The economic burden of a hospital pen stay of 5 days was estimated at $111.85/cow, mainly attributable to risk and costs of secondary diseases. Ceftiofur prices ($29.33 to $107.99/cow) were generally higher than standard antimicrobials. In a scenario increase of $3 to $10 in direct costs, compared to standard antibiotics ranged from $85.81 to $208.21/cow, the result of withholding-associated reduced saleable milk ($51.00 to $71.40/cow) and additional costs of hospital pen moves ($111.85 to $156.34/cow) with standard treatment. CONCLUSIONS: Compared to therapeutic treatments requiring milk withholding and a hospital pen move, ceftiofur’s higher prices were more than offset by higher returns resulting from increased saleable milk and no additional costs associated with hospital pen moves, and overall resulted in higher net income for producers.

PIN26
REAL LIFE EFFECTIVENESS OF ANTIBIOTICS
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OBJECTIVES: Antibacterial resistance is a growing problem associated with many bacterial infections. The problem of resistance is related to the use of antibiotics. There is a causal relationship between antibiotic use and resistance which results in decreased antibiotic effectiveness. Antimicrobial resistance varies among hospitals and countries and is also affected by the cost - do - benefit related to treatment failure including all medication costs, increased length of hospital stay and additional medical resource consumption. Our objective was to estimate the real life effectiveness of using different antibiotics in a certain hospital by analyzing the total cost of therapy during hospitalization. METHODS: A cost - off - set model was developed to support the individual therapeutic decisions of hospitals. We analyzed a 6 months time period and a number of 59 complicated intra-abdominal infection (IAI) episodes in a Hungarian county hospital retrospectively. Based on the first antibiotic choice we defined different treatment pathways to compare the length of stay and the total cost of the hospitalization in each treatment arm. RESULTS: The average length of stay (LOS) with complicated IAI was 5 days and increased to 8.6 days due to any adverse events. If the first antibiotic treatment was not effective - means that the patient had to switch to another antibiotic drug - the average LOS increased to 9.5 days. The cost difference of the different antibiotic drugs ranged from 12% to 38% compared to the cheapest treatment. The total hospitalization cost in case of the most expensive antibiotic treatment was higher by an average of 8% compared to the total cost of the cheapest antibiotic drug treatment. CONCLUSIONS: In long term the impact of resistance, the choice of adequate antibiotic therapy, the infection - control and the need for real life effectiveness analysis because of budgetary reasons are increasingly important for hospitals.

PIN27
COST ANALYSIS OF VORICONAZOLE VERSUS LIPosomal AMPHOTERICIN B FOR PRIMARY THERAPY OF INVASIVE ASPERGILLOSIS AMONG HEMATOLOGIC PATIENTS IN GERMANY
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OBJECTIVES: We performed an economic evaluation of voriconazole vs liposomal amphotericin B as first-line antifungals for invasive aspergillosis (IA) among patients with prolonged neutropenia or undergoing bone marrow or hematopoietic stem-cell transplantation from a German hospital perspective. METHODS: A decision analytic model was constructed to estimate potential treatment costs of voriconazole vs liposomal amphotericin B. Each pathway was defined by probabilities and costs derived from literature, clinical trials, and expert panels. In the base case, patients who switched the first-line treatment. The total hospitalization cost in case of the most expensive antibiotic treatment was higher by an average of 8% compared to the total cost of the cheapest antibiotic drug treatment. CONCLUSIONS: In long term the impact of resistance, the choice of adequate antibiotic therapy, the infection-control and the need for real life effectiveness analysis because of budgetary reasons are increasingly important for hospitals.