Aspergillus, Candida and Cryptococcus spp. infections who are refractory to or intolerant of conventional amphotericin B. The model was built from a hospital perspective, and included drug acquisition costs and costs for treating drug-related adverse events (AEs). The treatment duration (60 mg/day) of L-AmB and ABLC and rates of AEs for these two treatments were mainly obtained from a retrospective study of these two drugs in the target population using Cereno’s data. Treatment costs were obtained from publically available sources. The budget impact (2011USD) was evaluated by changing the market share of L-AmB and ABLC from 50/50 to 80/20. One-way sensitivity analysis was conducted by changing drug, treatment duration, rates and costs of AEs. RESULTS: The per-patient costs associated with L-AmB and ABLC during one hospital stay were $14,563 and $16,748, respectively. Cost of AEs attributed to 68.7% of the cost for L-AmB and 85% for ABLC. In a hypothetical hospital with 10,000 admissions per year, only one patient would benefit of switching to one of these two drugs for fungal infections, changing the market share of 50/50 for L-AmB and ABLC respectively, to 80/20 yielded a cost saving of $65,561. Sensitivity analyses indicated that the results were robust to changes in input parameter values.

CONCLUSIONS: This study suggests that hospitals can realize cost savings by substituting ABLC with L-AmB in the treatment of invasive fungal infections. The cost savings are driven by the lower rates of AEs associated with L-AmB compared to ABLC.

PIN27
BUDGET IMPACT ANALYSIS OF LINEZOLID IN THE TREATMENT OF COMPLICATED SKIN AND SOFT TISSUE INFECTIONS IN COLOMBIA
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OBJECTIVES: Skin and soft tissue infections (SSTI) are common and complicated SSTIs (cSSTI) is the most extreme end of this clinical spectrum. The aim of this analysis was to estimate the budget impact of Linezolid in the treatment of cSSTI in Colombia. METHODS: A model was built with a horizon of three years. The comparators were: Linezolid (600mg IV/twice day) switch (600mg orally/twice day) compared with Vancomycin (2g IV/twice day), Daptomycin (4mg IV/kg/day) and Tigecycline (100mg IV followed by 50mg twice a day). The analysis used the third party payer perspective including only direct medical costs. Costs were taken from health care institutions. Resource use and costs (drug acquisition, inpatient stay, visit and lab tests) were expressed in 2012 US$. The calculation of patients likely to be treated was estimated using data published in the literature on the incidence of patients hospitalized with SSTIs and percentage of patients complicated with Staphylococcus aureus and Streptococcus pyogenes which represent a major cause of morbidity and mortality in South America. The incidence of hospitalized skin and skin structure infections who are refractory to or intolerant of other available antimicrobial therapies, Linezolid is the treatment of choice considering vaccination costs, campaign and associated health management costs, versus a hypothetical scenario where the employee’, from a market research developed by Exame magazine in 2012 data and productivity was estimated from the indicator ‘revenue generated by the employer’, from a market research developed by Exame magazine in 2012 using IBGE and the Brazilian Central Bank data. The base case considered a large corporation in Brazil with approximately 4,000 eligible individuals. Values were expressed in 2012 US$. RESULTS: PV13 with free campaign totaled US$461.40 per employee. Productivity loss due to sick leave and death per employee was respectively US$641.97 and US$712.64 for PV13 and no vaccination. Considering the costs per employee and the number of eligible individuals, PV13 and no vaccination totaled US$8,143,483.66 and US$8,550,451.98 respectively, representing US$36,968.32 of total savings for PV13 vaccination when compared to no vaccination. CONCLUSIONS: The PV13 vaccination plus a free campaign initiative to the employer and the employee saved US$36,968.32 in 2012 to vaccination, mainly driven by productivity loss due to sick leave and death, which represented 115,52% of the total investment in a time horizon of 5 years for individuals of 60+ years of age.

PIN32
BUDGET IMPACT EVALUATION OF A PNEUMOCOCCAL CONJUGATED VACCINE (PCV) 13 VALENT VACCINATION WITH FREE CAMPAIGN PROGRAM FOR CORPORATIONS VS NO VACCINATION FOR OLDER ADULTS
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OBJECTIVES: Pneumococcal disease is a public health concern worldwide. This study evaluates the budget impact of PCV 13 vaccination with free campaign for corporations, versus no vaccination for individuals with 60+ years of age. METHODS: A budget impact analysis was developed considering vaccination and productivity loss from employee absence due to sickness or death. Clinical events were calculated using a Markov model with individual-level simulation considering a cohort of 1,000,000 individuals of 60+ years of age in a time horizon of 5 years, assuming a retirement age of 65. Vaccines were assumed to be extra-label use. Absence days due to health events were retrieved from national labor legislation. Average wage was retrieved from the Brazilian Institute for Geography and Statistics (IBGE) 2012 data and productivity was estimated from the indicator ‘revenue generated by the employee’, from a market research developed by Exame magazine in 2012 using IBGE and the Brazilian Central Bank data. The base case considered a large corporation in Brazil with approximately 4,000 eligible individuals. Values were expressed in 2012 US$. RESULTS: FC13 with free campaign totaled US$641.97 per employee. Productivity loss due to sick leave and death per employee was respectively US$641.97 and US$712.64 for FC13 and no vaccination. Considering the costs per employee and the number of eligible individuals, FC13 and no vaccination totaled US$8,143,483.66 and US$8,550,451.98 respectively, representing US$36,968.32 of total savings for FC13 vaccination when compared to no vaccination. CONCLUSIONS: The FC13 vaccination plus a free campaign initiative to the employer and the employee saved US$36,968.32 in 2012 to vaccination, mainly driven by productivity loss due to sick leave and death, which represented 115,52% of the total investment in a time horizon of 5 years for individuals of 60+ years of age.