abine/tenofovir and efavirenz are the most frequently prescribed drugs after diagnosis of HIV. More research, however, is required to better understand adverse events and side effects.

PIN7 COMMUNITY HEALTH CENTER PHARMACIST’S IMPACT ON LATINO IMMUNIZATION RATES
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OBJECTIVES: Healthy People 2020 (HP2020) emphasized the use of community services for prevention and treatment of infectious diseases. Pharmacists are in a unique position to help with this goal. This study compared national immunization rates to immunization rates of Hispanic patients receiving clinical pharmacist interventions in a community health center (CHC). METHODS: El Paso CHC Latino patients who were referred to a clinical pharmacist for diabetes and met immunization criteria when compared to Hispanic national rates for HepA, Zoster, and Pneumococcal vaccination rates. The results show that the vaccine(s) were administered. Vaccination rates were calculated by dividing the number of patients vaccinated by the number of eligible patients. Study immunization rates (SIRs) were compared with the latest available (2009) national overall (ORs) and the Hispanic immunization (HHR) rates. RESULTS: For included patients (N=336), HepA SIR was 32.7%, which was higher than both the OR (9.8%) and HHR (8.5%). The Zoster SIR (10.1%) was similar to the OR (10.0%), but higher than the HHR (4.8%). The Pneumococcal SIRs (46.2%; 19-64 years; >65 years: 39.4%) were higher than HHR in both age groups (12.1%, 40.4%, respectively). It was only higher, however, in the overall group aged 19-64 years (17.5%), but not in the >65 age group (60.6%). The influenza SIR was 31.7%, which was higher than the HIR (22.0%), but lower than the OR (33.6%). The SIR for HepB (14.6%) and Tdap (42.0%) were lower than both national rates (HIR:41.8%, 36.7%; and OR:50.8%, 48.7%, respectively).

CONCLUSIONS: Pharmacist’s immunization rates among Latino patients were higher when compared to Hispanic national rates for HepA, Zoster, and Pneumococcal and influenza. Community pharmacists can play an instrumental role in reducing infectious diseases health disparities.

INFECTION – Cost Studies

PIN8 THE ECONOMIC IMPACT OF ADDING CETARFOLINE FOSSAMIL TO HOSPITAL FORMULARY FOR COMMUNITY ACQUIRED BACTERIAL PNEUMONIA: A HOSPITAL BUDGET IMPACT ANALYSIS IN THE UNITED STATES
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OBJECTIVES: Ceftaroline fosamil (CPT, Teflaro®) is a new, broad-spectrum, bactericidal cephalosporin approved in the United States for the treatment of acute bacterial skin and structure infections (ABSSSI). In two randomized controlled ABSSSI trials (NCT00421490, NCT00326657), clinical cure rates in the modified intent-to-treat (MITT) population were 85.9% with CPT and 85.5% with vancomycin + linezolid. The clinical response among Day 1 MITT positive patients was 74.0% for CPT and 66.2% for vancomycin + aztreonam combination, respectively. The objective was to assess the budgetary impact of adding CPT to a hospital formulary in the United States. METHODS: A three-year hospital budget impact model was constructed with three initial treatment options, CPT, vancomycin + aztreonam, and nevirapine. The model was hospital-ized adult, ABSSSI patients. Clinical cure rates with initial treatment were assumed to be similar to those from CPT clinical trials. Patients failing initial treatment were assumed to be treated successfully with a second-line antibiotic therapy. Length of stay and additional hospital day costs were estimated based on a large database from over 100 US hospitals. Other model inputs included: annual number of ABSSSI admissions; projected annual case growth rate; proportion of ABSSSI target population receiving vancomycin-containing regimens; expected proportion of ABSSSI target population to be treated with CPT; drug acquisition cost; cost of antibiotic administration; cost of vancomycin monitoring. A sensitivity analysis using 95% confidence limits of clinical cure rates provided varying estimates. RESULTS: Estimated total cost for treating an ABSSSI patient with CPT was $11,804 vs. $13,875 (37%, 5%, and 56%) for vancomycin and 58%, daptomycin $3,171 (30%, 7%, 3%, and 63%), and other antibiotics $1835 (2%, 10%, 5%, and 90%) for CPT, 88%, linezolid $2342 (37%, 5%, and 58%), daptomycin $3,171 (30%, 7%, 3%, and 63%), and other antibiotics $1835 (2%, 10%, 5%, and 90%) for CPT. Extrapolating these costs to an average German hospital with 300 BSI and 3000 ABSSSI patients and increasing daptomycin use from 0.1% to 1% and vancomycin use from 0.3% to 0.6% hospital hospital would result in $301,510 and $2,971 per year, respectively. CONCLUSIONS: Using daptomycin for treating CPT is budget neutral and using it for bacteremia patients is associated with favorable economic outcomes when compared with other antibiotics.

PIN10 THE ECONOMIC IMPACT OF ADDING CETARFOLINE FOSSAMIL TO A US HOSPITAL FORMULARY FOR ACUTE BACTERIAL SKIN AND SKIN STRUCTURE INFECTIONS
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1Forest Research Institute, Inc, Jersey City, NJ, USA, 2Cerexa, Inc. (a wholly-owned subsidiary of Forest Laboratories, Inc, New York, NY), Oakland, CA, USA

OBJECTIVES: Ceftaroline fosamil (CPT, Teflaro®) is a new, broad-spectrum, bactericidal cephalosporin approved in the United States for the treatment of acute bacterial skin and structure infections (ABSSSI). In two randomized controlled ABSSSI trials (NCT00421490, NCT00326657), clinical cure rates in the modified intent-to-treat (MITT) population were 85.9% with CPT and 85.5% with vancomycin + linezolid. The clinical response among Day 1 MITT positive patients was 74.0% for CPT and 66.2% for vancomycin + aztreonam combination, respectively. The objective was to assess the budgetary impact of adding CPT to a hospital formulary in the United States. METHODS: A three-year hospital budget impact model was constructed with three initial treatment options, CPT, vancomycin + aztreonam, and nevirapine. The model was hospital-ized adult, ABSSSI patients. Clinical cure rates with initial treatment were assumed to be similar to those from CPT clinical trials. Patients failing initial treatment were assumed to be treated successfully with a second-line antibiotic therapy. Length of stay and additional hospital day costs were estimated based on a large database from over 100 US hospitals. Other model inputs included: annual number of ABSSSI admissions; projected annual case growth rate; proportion of ABSSSI target population receiving vancomycin-containing regimens; expected proportion of ABSSSI target population to be treated with CPT; drug acquisition cost; cost of antibiotic administration; cost of vancomycin monitoring. A sensitivity analysis using 95% confidence limits of clinical cure rates provided varying estimates. RESULTS: Estimated total cost for treating an ABSSSI patient with CPT was $11,804 vs. $13,875 (37%, 5%, and 56%) for vancomycin and 58%, daptomycin $3,171 (30%, 7%, 3%, and 63%), and other antibiotics $1835 (2%, 10%, 5%, and 90%) for CPT. Extrapolating these costs to an average German hospital with 300 BSI and 3000 ABSSSI patients and increasing daptomycin use from 0.1% to 1% and vancomycin use from 0.3% to 0.6% hospital hospital would result in $301,510 and $2,971 per year, respectively. CONCLUSIONS: Using daptomycin for treating CPT is budget neutral and using it for bacteremia patients is associated with favorable economic outcomes when compared with other antibiotics.