

November 3, 2011 312-558-1770
amattys@pciipr.com

BOSTON Allergy shots, an age-old treatment for allergy sufferers, are getting a shot in the arm from new research. This proven therapy saves money; accelerated schedules deliver relief in weeks, rather than months; and alternative methods are on the horizon, according to allergists at the annual scientific meeting of the American College of Allergy, Asthma and Immunology (ACAAI) in Boston, Nov 3-8.

For over a century, we have known allergy immunotherapy is highly effective and improves quality of life, said Ira Finegold, MD, ACAAI chair of the Immunotherapy and Diagnostics Committee. Recent research brings immunotherapy to the forefront of patient-centered, cost-effective care, furthers our understanding of the immune system and offers promising new delivery alternatives.

Reducing Costs

Allergy immunotherapy is the only treatment available that actually changes the immune system, making it possible to prevent the development of new allergies and asthma. According to research by Cheryl Hankin, PhD, BioMedEcon president and chief scientific officer, allergy immunotherapy also significantly reduces healthcare use and costs for prescription medications, outpatient visits, and inpatient stays.

Dr. Hankin's research examined over 7 million patients enrolled in Florida Medicaid from 1997 to 2008 and compared the healthcare use and costs of children and adults with allergies who received allergy immunotherapy to similar patients who did not receive this treatment. Within three months, compared to patients who did not receive allergy immunotherapy, those who received [allergy shots](#) showed significant reductions in the number and costs for prescription, outpatient, and inpatient services.

Compared to children with allergies who did not receive allergy immunotherapy, **children who received this treatment saved Florida Medicaid, on average, more than \$1,000 within the first three months of treatment, and saved the state nearly \$6,000 after 18 months. Results were even more compelling for adults. Average savings to Florida Medicaid were about \$1,200 after three months of allergy immunotherapy, and exceeded \$7,000 after 18 months.**

Allergy immunotherapy is a well-established, safe and effective treatment. Our research clearly shows that this treatment is also cost effective and these cost benefits occur almost immediately, said Dr. Hankin. Allergies and asthma are serious, high cost, debilitating, chronic illnesses. In light of the current U.S. healthcare crisis, our findings strongly suggest that it is in the best public health interest to promote increased access to allergy immunotherapy for patients who suffer from allergies.

The most recent studies were conducted in the US. One study retrospectively analyzed the Florida Medicaid claims data in children with a new diagnosis of AR; of **102,390 patients** with new diagnoses of AR, 3048 (3%) received AIT making it probably the

largest economic study ever conducted on this topic [34]. Male patients, Hispanic patients and those with concomitant asthma were significantly more likely to receive IT. Approximately 53% completed less than 1 year and **84% completed less than 3 years** of IT. **Patients who received IT used significantly less drugs, less outpatient visits and inpatient admissions and less resources in the 6 months after IT vs. before IT.** Drugs (\$ 330 vs. \$ 60) (€253 vs. € 46), outpatient (\$ 735 vs. \$ 270; €565 vs. €207) and inpatient (\$ 2441 vs. \$1; €1878 vs. €0.77) costs (including costs for AIT care) were significantly reduced after IT. The mean weighed 6-month saving was \$ 401 (€308). The authors concluded that despite suboptimal AIT duration (only 16% of patients completed 3 years of AIT), resource use and costs after treatment were significantly reduced from pre-AIT levels. A subsequent study used the same source of Florida Medicaid data to compare, over a time horizon of 10 years, the health care costs between 2 large groups of children with a new diagnosis of AR treated with subcutaneous AIT or with standard drug treatment, respectively [35]. The groups were matched by age at diagnosis of AR, sex, ethnicity and diagnosis of asthma and conjunctivitis. Children treated with AIT showed significantly lower 18-month median per-patient total health care costs (\$ 3247 vs. \$ 4872; €2498 vs. €3748), outpatient costs (\$ 1107 vs. \$ 2626; €852 vs. €2020) and drug costs (\$ 1108 vs. \$ 1316; €852 vs. €1012) compared with matched controls ($p < 0.001$ for all comparisons). The significant difference in total health care costs was evident already 3 months after starting AIT and progressively increased through the end of the study. Similar results were obtained by the same Authors in another study on the Florida Medicaid claim database on 2089 adults (0,7% of total registered population aged more than 18 years), recently diagnosed with AR: according to abstract data, at 18 months, costs for total healthcare services (\$10,626 versus \$17,912; €8173 vs. €13778 $p < 0.0001$) as well as for each cost subgroup (inpatient, outpatient and pharmacy) all were significantly lower for patients in the SIT versus non-SIT group, with a global 41% healthcare cost reduction.