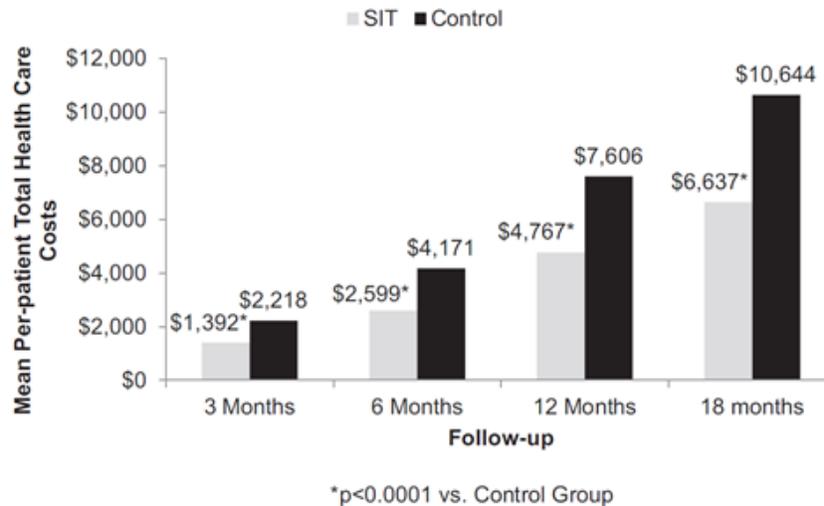


# The Pollen

## Issue N°4 - The Economics of Immunotherapy

You always hear that Immunotherapy saves you money in the long run, but how much and how soon does one really see a difference. Let's look at that.



A study performed by Hankin et al. sought to examine the economic savings of immunotherapy versus matched control patients not receiving immunotherapy. Instead of having people keep records of their costs, Hankin et al. examined Medicaid claims for both children and adults in Florida for close to 5,000 patients from 1997 to 2007.<sup>1</sup>

The figure above shows the cost savings of immunotherapy. Cost savings start to appear by 3 months and steadily increase by 18 months. At the end of the 18 months patients are saving an average of \$4,007 more than the control.

Hankin also shows that while patients on IT had more pharmacy fills, they have less inpatient stays, less outpatient visits, and the overall healthcare costs are all significantly lower.

Since this study only looked at Medicaid claims, lost productivity due to allergies and over the counter medications were not included in the analysis. Therefore the potential savings can be much more than those reported.

A review of 19 different economic studies conducted by Lockey et al. found that patients can reduce health care costs by up to 80% after completing a 3 year course of IT.<sup>2</sup>

Given the results of these studies, and the knowledge that benefits of IT can extend to 12 years after cessation of IT<sup>3</sup>, one can see that the cost savings have the potential to be large.

1. Hankin CS, Cox L, Bronstone A, et al. Allergy Immunotherapy: Reduced health care costs in adults and children with allergic rhinitis. *J Allergy Clin Immunol.* 2013; 131(4): 1084-1091.
2. Lockey RF, Hankin CS. Health economics of allergen-specific immunotherapy in the United States. *J Allergy Clin Immunol.* 2011; 127:39-43.
3. Eng PA, Borer-Reinhold M, Heijnen IAFM, et al. Twelve-year follow-up after discontinuation of preseasonal grass pollen immunotherapy in childhood. *Allergy.* 2006; 61: 198-201.