

Scientific and medical evidence demonstrating the cost-effectiveness of subcutaneous immunoglobulins

Bibliographic reference	Study type	Study aim	Number of patients	Patient characteristics	Intervention	Outcome measures	Organisation/ Contacts
Hogy B, et al. Pharmaco-economic evaluation of immunoglobulin treatment in patients with antibody deficiencies from the perspective of the German statutory health insurance. Eur J Health Econ. 2005 Mar;6(1):24-9. Erratum in: Eur J Health Econ. 2005 Sep;6(3):243	Cost-minimization analysis	We carried out a cost-minimization analysis to compare the two treatment alternatives in Germany.				Under base case assumptions the treatment with SCIG is cost saving from the perspective of the German statutory health insurance. The main cost drivers are IVIG and SCIG; the incremental cost of SCIG compared to IVIG is most sensitive to changes in the immunoglobulin price and changes in the body weight of the patient.	

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<p>Gardulf A, et al. Subcutaneous immunoglobulin replacement in patients with primary antibody deficiencies: safety and costs. Lancet. 1995 Feb 11;345(8946):365-9. Comment in: Lancet. 1995 Apr 1;345(8953):864.</p>		<p>Our aims were to obtain information on the frequency of adverse systemic reactions during subcutaneous therapy, the occurrence and intensity of tissue reactions at the infusion sites, and serum IgG changes. Furthermore, we compared costs between the different replacement regimes</p>	165	<p>Our study included 165 patients (69 women, 96 men, aged 13-76 years) with primary hypogammaglobulin aemia or IgG-subclass deficiencies</p>	<p>Data were compiled from questionnaires filled in by the patients and from their medical records. 33,168 subcutaneous infusions (27,030 in home therapy) had been given. 106 (of which 16 were at home) adverse systemic reactions (100 mild, 6 moderate) were recorded in 28 patients (17%). No severe or anaphylactoid reactions occurred. Despite large immunoglobulin volumes given during 434 patient years (28,480 infusions), no signs have been found that indicate the transmission of hepatitis virus. Transient tissue reactions occurred at the infusion sites but were not troublesome to most patients and we found significant increases in mean serum IgG. The use of subcutaneous instead of intravenous infusions at home would reduce the yearly cost per patient for the health-care sector by US \$10,100 in Sweden alone</p>	<p>We conclude that subcutaneous administration of IgG is a safe and convenient method of providing immunoglobulins. We were able to reach serum IgG concentrations similar to those by the intravenous therapy and we found that the method could also be used successfully in patients with previous severe or anaphylactoid reactions to intramuscular injections.</p>	<p>Department of Clinical Immunology, Karolinska Institute, Huddinge University Hospital, Sweden.</p>