



## Press Release

FOR IMMEDIATE RELEASE

### **BioMedEcon Study, First of its Kind in US, Finds Allergy Immunotherapy Beneficial Even When Treatment Not Completed**

MOSS BEACH, Calif. (January 23, 2008) - BioMedEcon, a leading provider of health economics and outcomes research, today announced findings of a landmark study which show allergy immunotherapy (IT) delivers important clinical benefits to children and significantly reduces health care costs, even when the appropriate course of treatment is not completed. The study of 520 low-income Florida children with allergic rhinitis found that IT was associated with significant savings across all aspects of the health care system -- inpatient, outpatient and medication treatments - - even among children who completed only a fraction of the recommended three-year treatment regimen. The study is published in the January 2008 issue of *The Journal of Allergy and Clinical Immunology (JACI)*.

The BioMedEcon study, a first of its kind in the United States, examined nine years of data (1997-2006) on children in the Florida Medicaid program to compare health costs for the six-month period before the initiation of IT to the six-month period following IT discontinuation. Adherence to the treatment program was poor, with 39 percent of the children receiving less than six months of IT, and only 16 percent completing at least three years of IT. However, the study found that the benefits extended across children in the sample, with strikingly reduced numbers of hospitalizations, doctor's visits and prescription drugs following treatment.

"These findings are remarkable," said Cheryl S. Hankin, Ph.D., president and CSO of BioMedEcon, LLC. "Even though most of the children in our study had insufficient treatment duration, averaging less than half of the recommended course, their health care use and costs significantly declined following treatment. It is clear that allergy immunotherapy not only benefits children with allergic rhinitis, but delivers compelling cost savings to the health care system. We believe children and health care systems would benefit even more if treatment duration were sufficient."

"The research pioneered by BioMedEcon illustrates both the importance of allergy immunotherapy for children with allergies and the economic incentives for ensuring they are appropriately treated," said Robert Esch, Ph.D., Executive Vice President of Research and Development for Greer Laboratories, which sponsored the study. "These findings, which highlight the benefits for patients with allergies, their providers and insurers, will help drive and focus our efforts to provide patients easier access to treatment."

#### **About Greer**

Greer is a leading developer and provider of allergy immunotherapy products and services for treating humans and animals. Greer's highly skilled scientists provide technical support for customers by continuing to focus on improving the lives of allergic patients. Greer's clinical development programs are focused on expanding the use of immunotherapy through oral administration of allergy immunotherapy. Greer's goal is to establish the efficacy of standardized products for oral administration through clinical trials. The company was founded in 1904 and is located in Lenoir, N.C. For more information, visit <http://www.greerlabs.com/>.

#### **About BioMedEcon**

Based in Moss Beach, California, privately-held BioMedEcon, LLC is a leading-edge provider of health economics and outcomes research. BioMedEcon applies rigorous scientific methods to create coherent, objective and practical formulary decision models, pharmaceutical and drug delivery market entry strategies, and healthcare policy recommendations. Clients and partners include established and emerging leaders in the pharmaceutical, biotech, drug delivery and medical device industries. For more information, call 650.563.9475 or visit [biomedecon.com](http://biomedecon.com). Additional study data and article reprints are available by emailing [cherylhankin@biomedecon.com](mailto:cherylhankin@biomedecon.com).