

NICE Health Technology Appraisal - Assessment Report for Pharmalgen for the treatment of venom allergy	
TO: NICE	FROM: Healthcare Improvement Scotland
12 August 2011	

The main problem here is that venom allergy is a rather rare occurrence, so as expected there are no RCTs to compare the use of PhVIT with the alternative therapies such as HDA and/or AAls . In cases where exposure is more likely such as bee keepers , I would say that optimal alternative medical therapy should also include regular prophylactic therapy with histamine/leukotriene antagonists ,in addition to acute rescue therapy with high dose antihistamines ,corticosteroids and adrenaline . Such comparative data does not exist .Likewise there is lack of QOL data to make cost effectiveness analysis rather meaningless . Clearly avoidance strategies are not practical in the real world unless one is to remain indoors for the duration of the summer to obviate inadvertent exposure to bee or wasp . Aside from all of the fancy modelling on QALYs , from a pragmatic point of view of a practising clinician ,given the rather modest cost to the NHS and the potential for fatal reactions ,it makes the decision quite easy for an individual who is at high risk with a positive RAST or skin prick - to prescribe Pharmalgen in addition to regular allergic mediator blockage –the latter may modify the acute response to sting and allow more time to use adrenaline and seek medical help . Aside from the objective evidence on its efficacy , this condition exerts a huge anxiety component on the individual which is hard to quantify .

Comment provided to HIS by [REDACTED]
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