

lergiudvikling hos børn – også under femårsalderen – afventes, ligesom evaluering af komplians med den sublinguale administrationsform hos børn afventes. Direkte sammenligninger mellem subkutan og sublingval immunterapi hos børn foreligger ikke. Det er også uafklaret, om man kan anvende sublingval behandling samtidig med subkutan immunterapi for et eller flere andre allergener.

En økonominisk evaluering af engrottehaleekstrakt har vist, at der er tale om en omkostningseffektiv behandling hos voksne patienter, og at det også ud fra et samfundsøkonomisk perspektiv kan anbefales, at sublingval immunterapi finder en plads i det samlede behandlingstilbud til patienter med græspollenallergi [28]. En indtil videre kun præliminært publiceret sammenligning af udgifter ved tre år varende subkutan og sublingval immunterapi baseret på parametrene udgifter til medicin, udgifter til lægebesøg og patientrelaterede udgifter (transport og produktivitet) hos voksne patienter i Danmark tyder på, at de samlede omkostninger kan omtrent halveres ved anvendelse af sublingval behandling [29]. Der foreliger ingen cost-benefit-studier af børnepopulationer.

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**ANTAGET:** 10. april 2012

**FØRST PÅ NETTET:** 28. maj 2012

**INTERESSEKONFLIKTER:** Forfatternes ICMJE-formularer er tilgængelige sammen med artiklen på Ugeskriftet.dk

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#### Sundhedsstyrelsen

#### TILSKUD TIL LÆGEMIDLER

Sundhedsstyrelsen meddeler, at der fra 23. juli 2012 ydes generelt uklausuleret tilskud efter sundhedslovens § 144 til følgende lægemidler:

- (R-03-BA-07) Asmanex Twisthaler inhalationspulver\*, PharmaCoDane ApS  
 (B-01-AA-22) Efient tabletter\*, Paranova Danmark A/S  
 (N-05-AX-13) Invega depottabletter\*, Paranova Danmark A/S  
 (R-03-AC-18) Onbrez Breezhaler inhalationspulver\*, Paranova Danmark A/S  
 (R-03-AK-07) Rilast Forte Turbuhaler inhalationspulver\*, Paranova Danmark A/S  
 (N-05-AX-08) Risoprept Consta depotinjektionsvæske\*, EuroPharma.DK ApS

\*) Omfattet af tilskudsprisssystemet.