Both types of treatment are effective in helping patients with allergic rhinitis and allergic asthma. In patients with allergic asthma, SCIT and SLIT are effective in reducing asthma symptom scores and/or symptom and medication scores (i.e., use of antiallergic medications). In patients with allergic rhinitis, SCIT and SLIT are effective at reducing allergic rhinitis symptom scores, total combined medication-symptom scores and improving disease-specific quality of life. Anaphylaxis (severe allergic reaction) is possible with both types of treatment. Patients receiving SCIT for venom allergies can also develop severe local reactions. There are also potential issues regarding the unstandardized compounding of some SCIT therapies, resulting in possible safety concerns.

In Ontario, two SLIT products are available (Oralair in March 2014 and Ragwitek in May 2015) on the Ontario Drug Benefit (ODB) formulary as Limited Use products. SCIT is available through the “Allergy Product” program for eligible ODB patients, which is similar to general benefit listing. In 2013/14, there were 8,116 publically-funded SCIT allergen immunotherapy users in Ontario (since the SLIT products were not yet funded, no SLIT users were included).

Since there is a lack of standardization of how SCIT allergen immunotherapy is dispensed (i.e. on-site in the physician's office, manufacturer, or pharmacy), the pricing varies. Another important factor in cost, is the type of allergen used (e.g., environmental or venom) for the therapy. Therefore, the potential budget impact of a policy addressing cost fluctuates depending on the price reimbursed to the physician. If costs are restricted to the minimum amount currently reimbursed by the Ontario Public Drug Programs (OPDP) ($106.50/claim), this could lead to savings of over $1.5M/year (or 44% decrease in overall costs associated with SCIT). However, reimbursing all claims at the mean amount currently reimbursed ($224-380/claim), would lead to excess costs of over $860,000 annually.