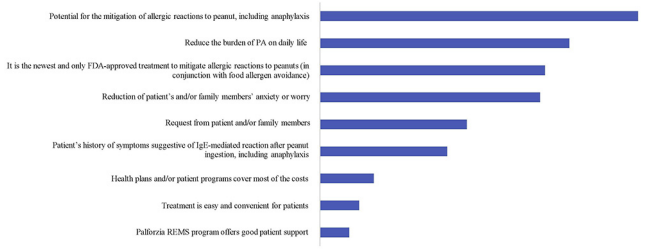
patients had clinical history suggestive of IgE-mediated reaction, and 32% of PTAH-treated patients received an oral food challenge as part of the diagnostic workup.

Most physicians were somewhat/extremely likely to prescribe PTAH (75%), including patients with multiple food allergies (69%). Most physicians (75%) were more likely to prescribe PTAH for patients with recent reaction (≤12 months). Around 38% of the physicians very often/always prescribe oral antihistamines to PTAH-treated patients as prophylaxis for side-effects, and 75-80% of them reported that treatment decisions for asthma were sometimes/rarely/never impacted by prescribing PTAH.

Conclusion: In this study, PTAH was integrated into practice without difficulty by most physicians surveyed.



Abbreviations: FDA, Food and Drug Administration; PA, peanut allergy; REMS, Risk Evaluation and Mitigation Strategy

P115

RATES OF FOOD ALLERGY CARE IN THE US AMONG THE INSURED

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Introduction: The literature shows about 30 million Americans are affected by food allergies (FA), however, the rates of patients seeking care remain unknown. We aim to identify the prevalence of food-allergic individuals seeking care in the US.

Methods: We performed a retrospective analysis of insurance claims from the MarketScan database, 2015-2019 (Commercial, Medicare Supplemental, and Medicaid). Cases were defined as: 1+ inpatient or outpatient FA claim or anaphylactic reaction, excluding patients with evidence of celiac disease, lactose/fructose intolerance, malabsorption disorders, or food protein-induced enteropathy; and enrolled in the health insurance plan for ≥ 1 month. Prevalence was calculated as the number of cases divided by the number of members in the database, without imputation.

Results: Among 78,181,900 individuals, 728,096 FA patients were identified: 68% with Commercial insurance, 1% with Medicare Supplemental, and 31% with Medicaid. Overall prevalence of the FA care-seeking patients with commercial insurance was 0.9% (annually 0.3%-0.6%); overall Medicaid-insured rates were similar 1.1% (annually 0.4% - 0.5%); overall rates for Medicare Supplemental were relatively lower 0.2%, (annually 0.1%-0.2%). Thirty-nine percent of the total sample had a claim for unspecified food allergy. Of the known food allergy claims, the most common types were peanut (41%), milk (19%), shellfish/fish (14%).

Conclusion: Our analysis found lower rates of care seeking among FA patients than anticipated. Although this may be due to mis-coding, it suggests that food-allergic individuals may not be participating in routine management as recommended. This highlights the need to better understand the unmet needs of the FA population.

P116

REALISE (REAL-LIFE USE AND SAFETY OF EPIT) STUDY: HEALTH-RELATED QUALITY OF LIFE CHANGES DURING TREATMENT

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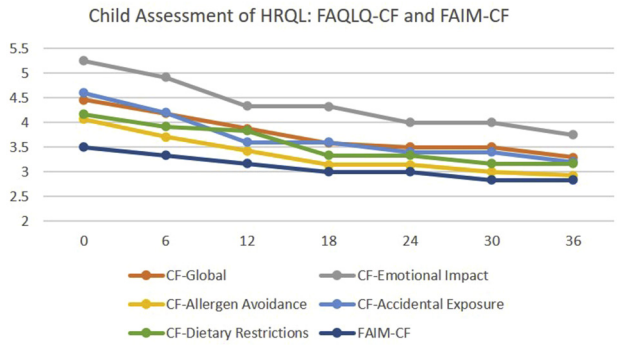
Introduction: Peanut allergy (PA) treatment options are needed which are not only efficacious, but also improve health-related quality of life (HRQL). Epicutaneous immunotherapy (EPIT) with Viaskin Peanut 250 μg has been studied in Phase 3 randomized controlled trials. We examined HRQL during REALISE, a study designed to approximate anticipated real-world use of Viaskin Peanut.

Methods: Peanut-allergic (well-documented clinical history, skin-prick test ≥8 mm, and peanut-specific IgE ≥14 kUA/L) children (4–11 years) were enrolled in REALISE, which included a 6-month randomized controlled phase followed by up to 3-years of active open-label extension. Subjects were assessed using FAIM and FAQLQ-child forms (-CF; subjects aged ≥8 years) and parent-proxy forms (-PF; all subjects) at baseline, Months 6, 12, 18, 24, 30, and 36.

Results: 392 subjects (median age 7.0 years) received Viaskin Peanut, with a study participation rate of 77.8% for 36-month treatment. Subjects' median FAQLQ-CF and FAQLQ-PF global and individual domains scores decreased over time. Decreases were more prominent in FAQLQ-CF compared with FAQLQ-PF scores. The most marked improvements in HRQL were reported for FAQLQ-CF global score, emotional impact, accidental exposure and dietary restrictions, with percent changes in median scores, baseline to 36 months, between 17-25% (Figure 1). Less marked changes were noted in parent-proxy assessments. Improvements were also observed in FAIM assessments, both child and parent.

Conclusions: Over 36 months of treatment with Viaskin Peanut during the REALISE study, improvements in HRQL using FAQLQ-CF, FAIM-CF and FAIM-PF were observed. Changes were generally more marked in child self-report than parent-proxy reports.



Domain	Change in score from baseline to 36 months (median)	% change
FAQLQ-CF- Global	-0.854	19%
CF- Emotional impact	-1.3	25%
CF- Allergen avoidance	-0.571	14%
CF- Accidental exposure	-0.8	17%
CF- Dietary restrictions	-0.833	20%
FAIM-CF	-0.583	28%

P117

REAL-WORLD PERSPECTIVES OF HEALTH CARE PROVIDERS DELIVERING THE FIRST APPROVED TREATMENT FOR PEANUT ALLERGY

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