

## Best Practice Guideline

### Allergy Immunotherapy

#### I. Indications

a. Clinical Indications – Consider allergy immunotherapy ONLY for the following:

- i. Allergic rhinitis
- ii. Allergic conjunctivitis
- iii. Allergic asthma
- iv. Atopic dermatitis associated with aeroallergen sensitivity
- v. Hymenoptera sting allergy

b. Patient indications – Consider immunotherapy ONLY for the following:

- i. Clinical symptoms are inadequately controlled by medications
- ii. Fail to avoidance measures
- iii. Require high medication doses and/or multiple medications
- iv. Experience adverse effects of medications
- v. Wish to avoid or reduce the long-term use of medications

#### II. Precautions

a. ONLY be administered in a setting that permits the prompt recognition and management of adverse reactions

b. Direct observation for  $\geq 30$  min post injection(s) in case of allergic reaction

#### III. Surveillance & Follow-Up

a. Frequency of therapy

- i. Weekly until reaches projected maintenance dose, then every 3 to 4 weeks

b. Duration of Therapy

- i. Initial treatment period: 3 to 5 years
- ii. Continuing or stopping immunotherapy are determined by:
  1. Disease severity
  2. Benefits sustained from therapy
  3. Convenience of therapy

c. Follow-Up

- i. Every 6 to 12 months

#### IV. References:

Allergy immunotherapy: A practice parameter third update. JACI S127.1, 2011.  
The diagnosis and management of rhinitis: An updated practice parameter. JACI 122.2, 2008.