

Consent form for the administration of sublingual immunotherapy

What is Sublingual Immunotherapy (SLIT)?

Sublingual Immunotherapy (SLIT), also known as “allergy drops” or “allergy tablets”, is a form of allergen desensitisation used to treat inhaled allergies, such as pollen, dust mites, animal dander, and mould. It involves the administration of allergen extracts under the tongue daily, with the goal of modifying the immune system to reduce allergic sensitivity over time.

SLIT is administered at home, which reduces the need for clinic visits.

How Does SLIT Work?

SLIT aims to re-train the immune system by repeatedly exposing it to controlled doses of the specific allergens to which a patient is sensitised. Over time, the immune system becomes more tolerant, reducing symptom severity. This process involves the development of regulatory T cells and the production of blocking antibodies (IgG4 and IgA), shifting the immune response away from allergy.

Treatment typically spans **3 years** for maximum effect and lasting benefit. Improvement may be noticed within the first 3-6 months.

Eligibility for SLIT

You may be eligible for SLIT if:

- You have confirmed sensitisation to inhalant allergens via skin testing.
- You have symptoms consistent with allergic rhinitis

You should not start SLIT if:

- You have poorly controlled or severe asthma.
 - You are currently taking beta-blockers.
 - You have active oral infections, mouth ulcers, or eosinophilic esophagitis.
 - You are pregnant (SLIT may be continued during pregnancy, but not initiated).
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How is SLIT Administered?

- Drops are placed under the tongue and held for 2 minutes before swallowing.
- The first dose is administered under clinical supervision. You will be monitored for 30 minutes.
- Daily dosing continues at home. It is important to adhere to the dosing schedule.

Missed doses:

- If <14 days are missed, resume dosing as directed.
 - If >14 days are missed, contact your AllergyRhino provider before restarting.
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Expected Benefits

SLIT has been shown in multiple clinical trials to:

- Reduce allergy symptoms (sneezing, congestion, itchy eyes).
 - Decrease reliance on antihistamines and nasal sprays.
 - Improve quality of life.
 - Provide long-term benefits after treatment ends.
 - In some patients, reduce risk of developing new allergies or asthma.
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Risks and Side Effects

Mild Local Reactions (common, especially early):

- Itching or tingling in the mouth or throat
- Mild lip swelling
- Nausea or gastrointestinal discomfort

These reactions typically resolve within hours and often diminish with continued treatment. Oral antihistamines may help mitigate symptoms.

Moderate Reactions (rare):

- Eye itching, swelling
- Nasal congestion or sneezing
- Hives or mild skin rash
- Asthma symptoms (wheeze, cough)

Severe Reactions (extremely rare):

- Angioedema (swelling of lips, tongue, throat)
- Anaphylaxis (drop in blood pressure, difficulty breathing)

To date, there have been no reported fatalities as a result of SLIT.

Delayed Reactions:

- Eosinophilic esophagitis (symptoms include difficulty swallowing, chest discomfort, reflux-like symptoms). This resolves upon stopping SLIT.

Alternatives to SLIT

- Allergen avoidance and lifestyle modification
- Antihistamines and nasal steroids,

Patient Responsibilities

- Take your drops as directed and maintain compliance with the treatment plan.
- Report any adverse reactions to your provider immediately.
- Contact AllergyRhino if you plan to pause or stop therapy, or if you miss more than 14 consecutive days.
- Do not increase your dose or “make up” missed doses without approval.

Consent Statement

Please read and acknowledge the following:

- ☐ I understand that SLIT is a form of allergen desensitisation therapy that involves off-label use of allergen extracts.
- ☐ I have been informed of the potential risks, side effects, and benefits of SLIT, including rare severe reactions.
- ☐ I understand that SLIT requires consistent long-term use and that it may take months before benefits are seen.
- ☐ I agree to follow the prescribed dosing and monitoring plan, including reporting any adverse events.
- ☐ I understand that SLIT treatment is not guaranteed to be effective and may not be covered by insurance.
- ☐ I have had the opportunity to ask questions, and all of my questions have been answered to my satisfaction.

Patient Information

Patient Name: _____

Date of Birth: _____

Signature of Patient / Guardian: _____

Date: _____

First Dose Administration (To be completed by Pharmacy Staff)

Allergen(s) administered during first dose:

Date of first dose administration:

Adverse events (if any):

Observation period:

The patient was observed for 30 minutes following administration of their first SLIT dose.

- ☐ No significant adverse reaction occurred during this time.
- ☐ The patient has been advised on at-home administration, missed dose protocol, and when to seek medical advice.
- ☐ It is safe for the patient to continue SLIT treatment at home.

Patient Name (Print): _____

Patient Date of Birth: _____

Staff Name (Print): _____

Staff Signature: _____

Date: _____

Pharmacy staff - Please retain this sheet to be provided to AllergyRhino upon request