

Standard Operating Procedures

Sublingual Immunotherapy

Written by	Phoebe Mouldsdales, Allergy CNS for Children and Young People
Approved by	Quality Improvement meeting and Medicines Safety Committee Meeting
Approved by Medicines Safety Committee: <i>Where medicines included in guideline</i>	8th May 2024
Date of Approval	20th March 2024
Date of next review This is the most current document and is to be used until a revised version is available	8th May 2027

Aim and scope of Standard Operating Procedure

Allergen immunotherapy is recommended for patients who, despite allergen avoidance and a supervised trial of maximum pharmacotherapy, still have uncontrolled symptoms of allergic rhinitis. Subcutaneous immunotherapy (SLIT) has been shown to be effective in reducing the symptoms and medications required in patients with pollen related seasonal allergic rhinitis. There is also evidence suggesting it may prevent the development of asthma. Sublingual immunotherapy is a treatment that should be prescribed in a specialist allergy service and initiated at least eight weeks prior to the pollen season, after which the treatment may be self-administered and continued at home. Patients will receive regular follow up in allergy clinic.

Target Staff Categories

This SOP is for all healthcare professionals in the Paediatric Department involved in the care of patients with allergic rhinitis

Key amendments to this Standard Operating Procedure

Date	Amendment	Approved by:
March 2024	Additional products added	QI and MSC
	Timing of food before/after treatment changed to 5 minutes	QI and MSC

Product	Dose	Considerations
Grazax® (ALK Abello) (<i>Phlegm Pretense</i> /Timothy Grass)	75,000 SQ-T	First dose needs to be administered in hospital. Only sublingual product licensed for use in the UK for patients aged 6 years and above. All prescriptions should be hospital provided.
Acarizax® (ALK Abello) (<i>Dermatophagoides pteronyssinus</i> & <i>Dermatophagoides farina</i> / House Dust Mite)	12,000 SQ-T	First dose needs to be administered in hospital. Only sublingual product for HDM allergy. Licensed for use in the UK for patients aged 12 years and above. All prescriptions should be hospital provided.
Itulazax (ALK Abello) (<i>Betula verrucosa</i> (birch), <i>Alnus glutinosa</i> (alder), <i>Carpinus betulus</i> (hornbeam), <i>Corylus avellana</i> (hazel), <i>Quercus alba</i> (oak) and <i>Fagus sylvatica</i> (beech))	12,000 SQ-T	First dose needs to be administered in hospital. All prescriptions should be hospital provided. Licensed from 18 years and above

How to administer SLIT

- Sublingual immunotherapy should be initiated in a clinical area that has resuscitation facilities and where clinical staff are equipped to manage anaphylaxis.
- Written informed consent should be obtained by patient and/or parent/legal guardian.
- Patients should be advised that they must be well on the day of administration and if they have asthma this should be well controlled.
- Wash hands prior to administration and adhere to Worcestershire Acute Hospitals NHS Trust Infection Control Policy
- Discharge with 'Your Immunotherapy Treatment' information

Procedure	Rationale
Check patients name and date of birth to ensure the correct product SLIT is being administered to the correct patient.	To ensure the patient receives the correct treatment
Ensure the patient has a supply of antihistamine at home.	In case mild, local symptoms develop.
Obtain baseline observations prior to commencing SLIT, including chest auscultation.	To reduce the risk of a severe or systemic reaction.
Lung function testing and/or peak flow levels for patients with asthma. Ideally, the patient should not have used their reliever	To ensure patient can safely commence on administration of SLIT.

<p>inhaler to treat wheeze in the two weeks prior to commencing treatment.</p> <p>Assessment of skin condition in those with eczema.</p> <p>Complete a visual inspection of the mouth, observing for oral lesions or loose teeth. If oral lesions are present, do not proceed with SLIT until the lesions have healed.</p> <p>Ensure patient is not unwell.</p>	<p>This could worsen any reaction or side effects.</p>
<p>In the older patient ensure they are not pregnant.</p>	<p>SLIT should not be initiated in patients who are pregnant, due to the risk of anaphylaxis</p>
<p>The patient should refrain from eating and drinking for 5 minutes prior to and following administration of SLIT.</p>	<p>Food or drink in the oral cavity could affect the absorption of the SLIT</p>
<p>Administer SLIT by placing the treatment in the sublingual pocket under the base of the tongue. Please see individual summary of characteristics for product specific advice.</p>	<p>SLIT is absorbed via the sublingual route</p>
<p>SLIT should remain under the tongue for between 1 – 2 minutes. It must not be swallowed</p>	<p>To ensure SLIT is absorbed by the sublingual glands</p>
<p>Monitor patient for any sign of an allergic reaction for 60 minutes following administration of SLIT</p>	<p>An allergic reaction could occur following administration of SLIT</p>
<p>Reassure patient if they experience symptoms such as oral tingling pruritus, mild tongue swelling, itchy throat or ears that these are common side effects in the early phase of treatment</p>	<p>These are common side effects and should resolve 1 – 2 weeks after beginning SLIT. They may not occur until 10-15 minutes after administration.</p>
<p>Promptly treat any allergic reaction or side effects of SLIT</p>	<p>To ease the discomfort and prevent the development of moderate symptoms</p>
<p>Advise patient that if side effects are unpleasant that they can take an oral antihistamine 30 – 60 minutes prior to taking their SLIT</p>	<p>Pre-dosing with an oral antihistamine in the first 1 – 2 weeks may help reduce unpleasant side effects in the early stage of treatment.</p>
<p>Advise patients to stop taking SLIT in the following situations:</p> <ul style="list-style-type: none"> • For 7 days following oral surgery, including dental extraction • For 7 days after shedding a deciduous tooth • If patient has an oral ulcer or open wound in the mouth or oral mucosa – to temporarily discontinue until area has healed. <p>If patient is unwell with a fever, or unwell enough to be absent from school or work, they should temporarily discontinue their SLIT until their illness has resolved. If patient receives a vaccine which causes</p>	<p>To reduce the risk of SLIT being absorbed systemically through an open lesion rather than through the sublingual mucosa.</p> <p>To reduce the risk of patient experiencing exacerbation of asthma and/or respiratory symptoms.</p>

<p>side effects such as fever or joint pain, they should stop their treatment until side effects resolve.</p> <p>Patients with concomitant asthma and experiencing an acute upper respiratory tract infection – to temporarily discontinue treatment until treatment has resolved.</p>	
<p>Document administration of SLIT, any side effects and treatment given.</p>	<p>To record the administration and treatments for governance.</p>
<p>Reassess the patient prior to discharge and repeat baseline observations.</p>	<p>To ensure the patient has not had an allergic reaction and is fit for discharge.</p>
<p>Ensure the patient and/or family have the following information on discharge:</p> <ul style="list-style-type: none"> • How to manage an allergic reaction • Advise the patient to ensure that they have immediate access to antihistamine • Revision and reinforcement of the importance of compliance with medication • Have a supply of initial treatment and are aware of when next supply will be provided • Written information relating to the product they are using • Contact details should they require ongoing support and repeat prescriptions 	<p>To ensure the patient and family are supported and aware of how to overcome any problems with their treatment</p> <p>To treat side effects of SLIT</p>