



# Sublingual Immunotherapy

**S**ublingual immunotherapy (SLIT) is a validated, safe, and effective form of immunotherapy in adults and children.<sup>1, 2, 3, 5</sup> It is widely incorporated as a therapeutic option both internationally and domestically, and it is an acceptable option for delivering antigen-specific immunotherapy.

Subcutaneous injection is the main route of immunotherapy delivery in the United States; however, in the last 20 years, SLIT administration has become widely adopted.<sup>2</sup> Several advantages of SLIT include safety, increased tolerance, including in children, and improved access.<sup>4</sup>

Efficacy for SLIT may vary dependent on antigen selection. Single agent immunotherapies, i.e., grass pollen tablets, are shown to be effective.<sup>6</sup> In multi-sensitized patients, additional antigens may be required

for treatment optimization. Dosing algorithms are in use, and optimal dosing continues to be evaluated.

- 1 Radulovic S, Calderon MA, Wilson D, Durham S. *Sublingual immunotherapy for allergic rhinitis*. Cochrane Database of Systematic Reviews 2010, Issue 12. Art. No.: CD002893. DOI: 10.1002/14651858.CD002893.pub2.
- 2 Lin, SY et al. *Sublingual Immunotherapy for the Treatment of Allergic Rhinoconjunctivitis and Asthma: A Systematic Review*. JAMA 2013; Vol 309, No. 12 pp 1278-1288.
- 3 Kim, J, et al. *Allergen-Specific Immunotherapy for Pediatric Asthma and Rhinoconjunctivitis: A Systematic Review*. Pediatrics. Vol. 131. No. 6 June 1, 2013. pp 1155-1167
- 4 Leatherman, BD et al. *Sublingual Immunotherapy: Past, Present, Paradigm for the Future. A review of the literature*. Oto-HNS. Volume 136: 3, Supplement, March 2007.
- 5 Cox, L, et al. *Allergen immunotherapy: A practice parameter third update*. 2011
- 6 Senna, GE, Calderon, M. and Milani, M. *Allergy immunotherapy tablet: Grazax for the treatment of grass pollen allergy*. Expert Rev Clin Immunol. 2011 Jan; 7 (1): 21-7.

*Note: American Academy of Otolaryngic Allergy's (AAOA) Clinical Care Statements attempt to assist otolaryngic allergists by sharing summaries of recommended therapies and practices from current medical literature. They do not attempt to define a quality of care for legal malpractice proceedings. They should not be taken as recommending for or against a particular company's products. The Statements are not meant for patients to use in treating themselves or making decisions about their care. Advances constantly occur in medicine, and some advances will doubtless occur faster than these Statements can be updated. Otolaryngic allergists will want to keep abreast of the most recent medical literature in deciding the best course for treating their patients.*