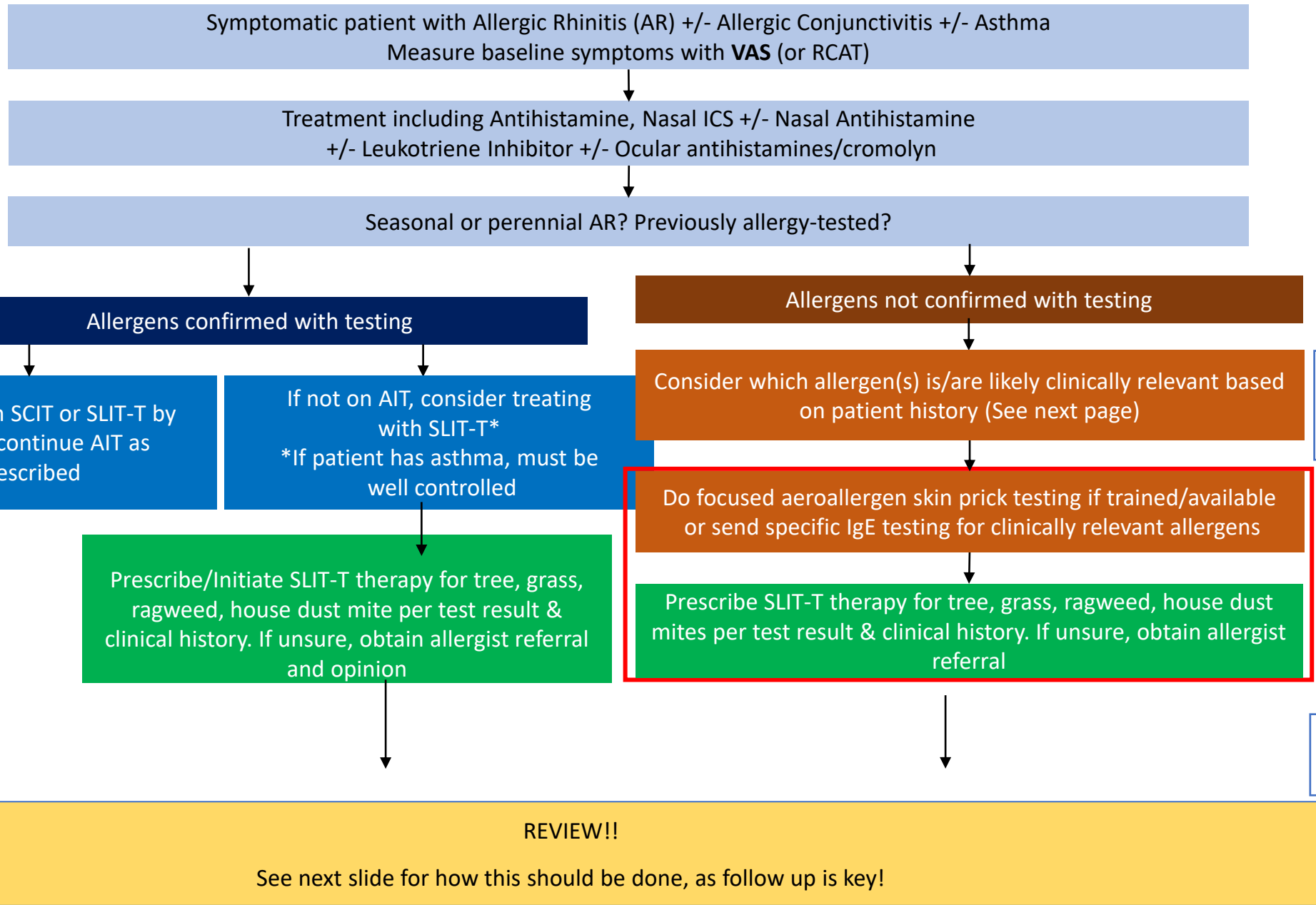


Non-Allergist Physician Algorithm for Prescribing Allergen Immunotherapy



RED FLAGS:

With presence of atypical symptoms for allergic rhinitis (AR,) should reconsider the diagnosis of AR and requires reassessment, and possibly referral to an allergist to clarify the diagnosis prior to allergy assessment.

Atypical symptoms (for AR) include, but are not limited to:
 Fever,
 Severe headache,
 Unilateral nasal or eye symptoms,
 Mucopurulent rhinorrhea,
 Facial/ear pain,
 Recurrent epistaxis,
 Unexplained anosmia,
 Complete non-resolving nasal obstruction

See AIT decision matrix for AR

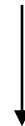
See 1 Year Treatment Results for SLIT-T

Asthma must be controlled before initiating AIT

How to Review Efficacy

- Review at least **annually** for
- i) symptom management (**VAS or RCAT**, see slide 3)
 - ii) medication use
 - iii) adverse events
 - iv) comorbidities (eg asthma, nasal polyps).

If symptom improvement after year 1, re-prescribe/re-initiate SLIT-T.
If **therapy response is suboptimal, or any concern, refer to an allergist**







After **3 years of therapy**

- a) Check for response based on symptom improvement (with **VAS or RCAT**; see slide 3) or reduction in allergy medication use
- b) if symptoms are resolved, make shared decision with the patient to either stop or continue therapy
- c) if therapy response is suboptimal, or any concern with the therapy, refer to an allergist

AIT Decision Matrix for Allergic Rhinitis

(will depend on country, climate, which hemisphere etc)

| Symptom Profile | Suspected Allergen/Timing | Test for (IgE) | If positive sensitization per IgE lab values | If <u>not</u> positive according to sIgE |
|---------------------------------------|---|---|--|---|
| Perennial AR symptoms (year round) | House Dust Mites | Mite Mix <ul style="list-style-type: none"> • <i>D. pteronyssinus</i> • <i>D. farinae</i> | HDM SLIT Rx  | Refer for allergist assessment and management |
| | Cat (depending on exposure to cat) | Refer for skin testing, though Cat testing available for patient education | Refer for allergist assessment and management | Refer for allergist assessment and management |
| | Mould (heightened symptoms in summer months) | Refer for allergist assessment and management | Refer for allergist assessment and management | Refer for allergist assessment and management |
| Seasonal AR symptoms | Early/mid spring* Tree | Birch | Tree SLIT Rx  | Refer for allergist assessment and management |
| | Mid spring /early summer* Grass | Timothy Grass or Grass Mix | Grass SLIT Rx  | Refer for allergist assessment and management |
| | Late summer to first freeze* Ragweed | Ragweed | Ragweed SLIT Rx  | Refer for allergist assessment and management |

If positive to multiple allergens, treat most bothersome, based on history and symptom profile
 If perennial and seasonal are equally bothersome, treat perennial first
 If positive to cat, most effective treatment is avoidance (i.e. remove the cat from the home)

* For regional seasonal variations, refer to the associated allergy calendar

Yearly Assessment for AR Treatment Results

Symptom improvement from baseline can be measured using the Rhinitis Control Assessment Test (RCAT)



Complete the **Rhinitis Control Assessment Test (RCAT)** below and discuss the results with your healthcare provider.

NAME: _____ DATE OF BIRTH: / /

Choose the response that best describes your nasal and other allergy symptoms that are not related to a cold or the flu.

| | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. During the past week, how often did you have nasal congestion? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | 5. Never | 4. Rarely | 3. Sometimes | 2. Often | 1. Extremely Often |
| 2. During the past week, how often did you sneeze? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | 5. Never | 4. Rarely | 3. Sometimes | 2. Often | 1. Extremely Often |
| 3. During the past week, how often did you have watery eyes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | 5. Never | 4. Rarely | 3. Sometimes | 2. Often | 1. Extremely Often |
| 4. During the past week, to what extent did your nasal or other allergy symptoms interfere with your sleep? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | 5. Not at All | 4. A Little | 3. Somewhat | 2. A Lot | 1. All the Time |
| 5. During the past week, how often did you avoid any activities (for example, visiting a house with a dog or cat, gardening) because of your nasal or other allergy symptoms? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | 5. Never | 4. Rarely | 3. Sometimes | 2. Often | 1. Extremely Often |
| 6. During the past week, how well were your nasal or other allergy symptoms controlled? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | 5. Completely | 4. Very | 3. Somewhat | 2. A Little | 1. Not at All |

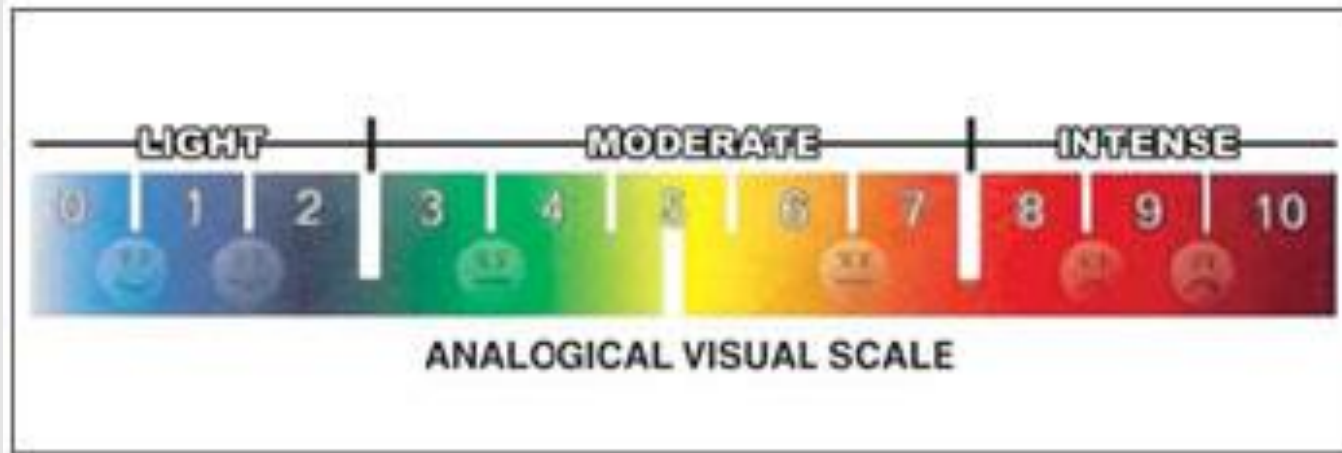
Add your responses

and enter your TOTAL HERE: If your score is 21 or less, share your results with your healthcare provider.

- A cut-point score of 21 or less can be used to identify patients who are experiencing rhinitis symptom control problems
- The preliminary estimate of the minimal important difference (MID) was 3 points.

SLIT-T One Year Treatment Results

Symptom improvement from baseline can be measured using the Visual Analogue Scale (VAS) score (less exact than RCAT)



Nasal symptoms:

- Congestion
- Itching
- Secretion
- Sneezing

Ocular symptoms:

- Redness
- Watery eyes
- Itching

References for VAS for allergic rhinitis:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5288410/>

<https://ejo.springeropen.com/articles/10.1186/s43163-021-00181-y/figures/1>

Available SLIT-T options in Canada

| Category | Oralair ¹ | Grastek ² | Ragwitek ³ | Itulatek ⁴ | Acarizax ⁵ |
|-------------|--|--|--|---|--|
| Indications | Moderate to severe seasonal grass pollen allergic rhinitis with/without conjunctivitis | SAR & related grass pollen induced allergic rhinitis with/without conjunctivitis | Moderate to severe seasonal short ragweed pollen induced allergic rhinitis with/without conjunctivitis | Birch, Alder, Hazel tree pollen induced Moderate to severe SAR with/without conjunctivitis | Moderate to severe house dust mite-induced allergic rhinitis with/without conjunctivitis |
| Age Range | 5-50 years | ≥ 5 years | 5-65 years | 18-65 years | 12 – 65 years |
| Dose | Day 1: 1 x 100 IR tablet Day 2: 2 x 100 IR tablets Day 3: 1 x 300 IR tablet sublingually administered | 1 sublingual tablet (2800 BAU) daily | 1 sublingual tablet (12 Amb a 1-U) daily | 1 sublingual tablet (12 SQ-Bet) daily | 1 sublingual tablet (12 SQ-HDM) daily |

All are taken for a 6-month period starting 8 weeks before the season for Grastek, 12 weeks for Oralair, Ragwitek, and 16 weeks for Itulatek.

Effective the first season

1. Oralair Product Monograph 2016
2. Grastek Product Monograph 2017
3. Ragwitek Product Monograph 2017
4. Itulatek Product Monograph 2022
5. ACARIZAX® Product Monograph 2022