

**Table 7. Drug Allergy**  
 Updates shown in red type

Referral Guideline	Rationale	Evidence Type
<p>Patients with a history of penicillin allergy who have a significant probability of requiring future antibiotic therapy.</p>	<p>The vast majority of patients with a history of penicillin allergy can safely use penicillins if an allergy evaluation, often including a penicillin skin test, is performed.<sup>1,2</sup></p> <p>History alone is inadequate to rule out IgE mediated allergy to penicillin.<sup>3</sup></p> <p>Penicillin skin testing in advance of need does not cause significant re-sensitization.<sup>4-7</sup></p> <p>Patients who are shown not to be allergic to penicillin may be able to use more appropriate and potentially less toxic and/or expensive antibiotics.<sup>8-10</sup></p>	<p>Diagnostic</p> <p>Indirect outcome (needed penicillin treatment)</p>
<p>Patients with a history of penicillin allergy where a penicillin class antibiotic is the drug of choice.</p>	<p>Skin tests may be negative in such patients, who can then safely receive penicillin.<sup>5</sup> Antibiotic desensitization in skin test positive patients renders them transiently tolerant and induces negative skin test, indicating blocking of mast cell/IgE activation events.<sup>11-14</sup></p>	<p>Indirect outcome (needed penicillin treatment)</p>
<p>Patients with histories of multiple drug allergy/intolerance</p>	<p>Allergist/immunologists provide a comprehensive plan to evaluate the historical adverse drug reactions and provide suggestions on future therapies to minimize risks.<sup>15-20</sup></p>	<p>Diagnostic</p> <p>Indirect outcome (treatment with needed medications)</p>
<p>Patients who may be allergic to protein based bio-therapeutics and require use of these materials</p>	<p>Allergist/immunologists perform skin testing using appropriate concentrations and techniques to determine current sensitivity.<sup>15,19-23</sup></p> <p>For example, insulin desensitization allows for continued insulin therapy in patients with prior systemic reactions.<sup>24,25</sup></p>	<p>Diagnostic</p> <p>Indirect outcome (treatment with needed biotherapeutics)</p>
<p>Patients with histories of adverse reactions to NSAID who require aspirin or other NSAID</p>	<p>Allergist/immunologists accurately diagnose ASA/NSAID sensitivity through challenge testing.<sup>26</sup></p> <p>Allergist/immunologists perform ASA desensitization in patients with documented ASA sensitivity who require ASA for other medical conditions.<sup>13,26,27</sup></p>	<p>Diagnostic</p> <p>Indirect outcome (needed NSAID treatment)</p>

	Desensitization in patients with ASA exacerbated respiratory disease may improve the control of both upper and lower respiratory disease in these patients. <sup>13,26,28</sup>	Indirect outcome (improved respiratory symptoms)
Patients who require chemotherapy medication for cancer or other severe conditions and have experienced a prior hypersensitivity reaction to those medications.	Desensitization allows for transient tolerance to chemotherapy medications when there is no alternative treatment. <sup>27,29-31</sup>	Indirect outcome (needed chemotherapy)
Patients with a history of possible allergic reactions to local anesthetics.	Allergist/immunologists are able to perform skin testing and graded challenge to find a safe local anesthetic for future use. Virtually all patients with histories of reactions to local anesthetics can subsequently tolerate the same or an alternate agent. <sup>32-34</sup>	Indirect outcome (needed local anesthetic treatment)
HIV-infected patients with a history of adverse reactions to trimethoprim-sulfamethoxazole (TM-S) who need this therapy.	Graded TM-S challenges can identify patients who are not currently sensitive to the drug and allow patients with reactions during challenge to subsequently tolerate the drug and safely continue therapy. <sup>35-41</sup>	Diagnostic Indirect outcome (needed TM-S therapy)
Patients with a history of reactions to induction agents or to non-penicillin antibiotics	Allergist/immunologists provide a comprehensive plan to evaluate the historical adverse drug reactions and provide suggestions on future therapies to minimize risks. <sup>15-20</sup> <b>When no alternatives exist, allergist/immunologists can supervise rapid desensitization protocols.</b> <sup>27</sup>	Diagnostic Indirect outcome (treatment with needed medications)

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