Sublingual Immunotherapy (SLIT) for Food Allergies

What parents and adults need to know before starting: how it works, daily dosing, safety and costs.

What is SLIT?

Tiny, carefully measured doses of a food allergen, in liquid drops, are held **under the tongue** every day. Over time the body becomes less sensitive to that food. After supervised dose increases in our clinic, doses are given **at home**.

SLIT is not a cure

Keep avoiding the food, keep reading labels, and always carry epinephrine.

Why families choose SLIT

Build tolerance
Gradually lowers sensitivity to the allergen.

Safer accidents
Lowers the risk of a severe reaction from an accidental bite.

Less worry
Eases the daily vigilance and anxiety of living with a food allergy.

How it works: 4 stages

1 — First dose in clinic
A tiny, diluted dose is held under the tongue for 2 minutes while we watch for reactions.

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2 — Up-dosing
Doses go up in clinic, often every 1 to 2 weeks. In between, you give the daily dose at home.

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3 — Maintenance
Once the target dose is reached, the same daily dose continues for months to years.

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4 — Possible stop
Your allergist may pause doses, then do a food challenge to see if tolerance holds.

What results to expect

Every patient responds differently. Possible outcomes include:

Desensitization
Many patients no longer react to small, accidental exposures.

Partial tolerance
Larger amounts must still be avoided, but reactions may be milder.

Tolerance can fade
Some patients lose tolerance after stopping SLIT.

Starting early can make a big difference

A randomized, placebo-controlled trial tested daily peanut SLIT in **50 peanut-allergic children ages 1 to 4**. Half received peanut drops, half received placebo drops.

START
25 peanut SLIT (4 mg daily) · 25 placebo

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36 MONTHS
Daily drops under the tongue

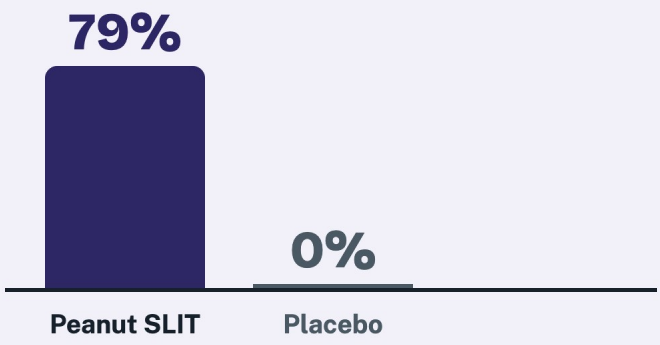
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FOOD CHALLENGE
Up to 4,443 mg of peanut protein

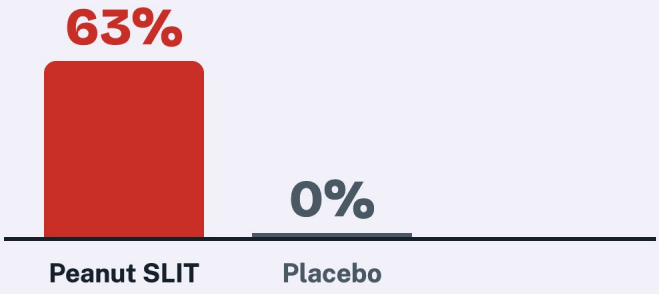
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STOP 3 MONTHS
Challenge again to test remission

Passed the full challenge after 3 years (desensitized)

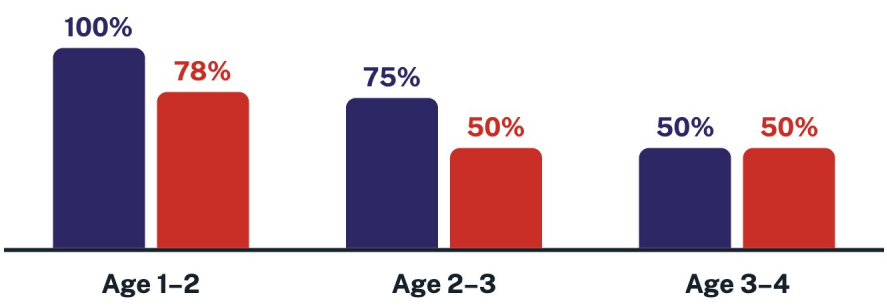


Still passed 3 months after stopping (remission)



Percentages are among children who completed treatment. Counting every child who started, including those who left the study early: 60% desensitized and 48% in remission.

Younger children responded best



Age when treatment started; children who completed treatment.

Safety over 3 years

0 children needed epinephrine

5% of doses caused any symptom

2.8% of doses caused mouth itching, the most common

What this means for you: most toddlers in this study became desensitized, and about half kept their protection after stopping. This was one study of peanut allergy in young children; every child responds differently, and SLIT is not a cure.

Source: Kim EH, Bird JA, Keet CA, et al. Desensitization and remission after peanut sublingual immunotherapy in 1- to 4-year-old peanut-allergic children: a randomized, placebo-controlled trial. *J Allergy Clin Immunol.* 2024;153(1):173-181.e10.

Before you start

Is SLIT a good fit for your family?

A daily commitment
A dose every day, plus regular visits with your allergist.

Your child's cooperation
Drops are held under the tongue for 2 minutes. Mild mouth discomfort early on is common. We cannot add sweetener.

Costs
Insurance does not cover SLIT extract: **$150 per month**. Up-dose visits are billed as office visits (copay applies).

Other options
If SLIT is not a good fit, oral immunotherapy (OIT) may be explored.

What clinic visits look like

45 min — **First visit**
One or more drops of diluted extract, then 45 minutes of monitoring.

30 min — **Each up-dose visit**
The new dose is given in clinic, then 30 minutes of monitoring.

After each visit we send you home with the new solution and dosing bottle. **Every dose increase must be done at AAIRS**, not at another office or your pediatrician's.

Risks and side effects

LEVEL	POSSIBLE EFFECTS	NOTES
Mild	**Mouth:** itching, tingling or mild swelling in the mouth or under the tongue. **Stomach:** nausea, discomfort or mild diarrhea.	Common early on; usually fades
Moderate	Mild breathing symptoms, hives	Less common
Severe	A severe allergic reaction is possible, including a life-threatening reaction and death	**Parents must be trained to use epinephrine**

Long-term risks: SLIT has not shown significant long-term risks, but research on SLIT for food allergy is ongoing. Eosinophilic esophagitis (EoE) is a theoretical risk. Talk with your allergist about any new concerns during treatment.

Giving doses at home

The daily routine

± 2 hrs
Same time every day

Give the dose at about the same time daily, within 2 hours either way.

1 hr
Stay awake

Your child should stay awake for at least 1 hour after the dose.

2 hrs
No exercise

No exercise for 2 hours before or after a dose, in every phase of treatment.

Sick? Do NOT give the dose.

Illness raises the risk of a reaction. If more than **3 days** are missed, call us. You will come back to clinic for a re-dose once your child is well. Do not restart at home unless we tell you to.

Flying? Dose early.

Give the dose at least **2 hours before boarding**. Never dose during a flight. We can provide a letter for TSA about carrying the solution.

If a reaction happens

Mild: above the chin only

Examples: hives on the face, itchy mouth.

Benadryl (diphenhydramine) may be given.

Serious: act right away

Coughing, trouble breathing, hives all over the body, vomiting, throat pain, unusual fussiness, or a change in responsiveness.

1 **Give the epinephrine auto-injector**

2 **No response in 3 minutes? Repeat the dose**

3 **Call 911 or go to the ER**

Reactions can happen at home, even after the clinic observation period. **Always tell us about any reaction** so we can adjust the dose.

Caring for the solution

Keep it refrigerated

The solution contains no artificial preservatives and needs to stay cold.

Left out or seems off?

If it sat out, smells or tastes different, call us. A replacement is made during office hours; an extra charge applies.

Traveling?

Call as soon as you know you'll need extra doses. Shipping charges apply.

Common questions

When can my child eat the food freely?

This is very patient-specific, and only a small percentage of patients reach that point. **Never add the food to the diet** unless your provider has given permission.

How often are visits in maintenance?

Once the full dose is reached: a follow-up at 6 to 12 weeks, then every 3 to 6 months. Your provider may adjust this.

Will SLIT for one food help my child's other food allergies?

Each SLIT program is patient-specific. Discuss this with Dr. Kobernick.

Are any vaccines required to start?

No. There are no immunization requirements for the SLIT program.

SLIT quick reference

CUT OUT · KEEP ON THE FRIDGE

Daily dose: same time every day, ± 2 hours

Stay awake: at least 1 hour after dosing

Mild reaction (above the chin): Benadryl

Storage: keep the solution refrigerated

Food: keep avoiding it unless your provider says otherwise

Exercise: none for 2 hours before or after a dose

Sick: skip the dose; call if more than 3 days missed

Serious reaction: epinephrine, then call 911

Flying: dose 2+ hours before boarding; never on the plane

Questions: call **248-689-1000**

Costs and billing

$150/mo SLIT extract. **Not covered by insurance.**

Up-dose visits are billed as physician office visits; your usual copay applies. Replacement solution and shipping cost extra.

Always carry epinephrine

SLIT lowers risk but does not remove it. Keep avoiding the food and reading labels.

Questions about your SLIT plan? We're here to help.

CALL
248-689-1000

FAX
248-689-5711

YOUR ALLERGIST
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