Venom Immunotherapy Patient Information & Consent

Venom immunotherapy injections or "venom shots" are prescribed for patients with severe, systemic allergic reactions (anaphylaxis) to stinging insect venom and/or patients who have high exposure to stings. Treatment involves regularly scheduled injections of purified insect venom extracts that gradually desensitize the immune system over time. Venom shots are commonly used for allergies to honeybees, wasps, hornets, and yellow jackets, as well as fire ants.

Efficacy

Venom immunotherapy is highly effective in reducing allergic reactions to stinging insect venom. These injections do not cure the allergy, but help the immune system become less sensitive to insect stings, significantly lowering the risk of future severe or life-threatening reactions. Studies show that venom immunotherapy is effective in more than 97% of patients treated for flying Hymenoptera allergy. It is important to maintain injections at the recommended time intervals to ensure continued protection, so please follow your treatment schedule closely and speak with us about any missed appointments or lapses in therapy. Most patients achieve significant protection within the first several months of treatment, with continued therapy providing long-term benefit and improved quality of life.

How Long Are Shots Given?

There are two phases to venom immunotherapy: the build-up phase followed by the maintenance phase. During the build-up phase, the venom dose is gradually increased with each injection to help the immune system become desensitized to insect venom. The maintenance phase begins once the effective therapeutic dose is reached.

- Build-Up Phase: injections are typically given 1 to 2 times per week for approximately 2 to 6 months, depending on the treatment schedule recommended by your allergist
- Maintenance Phase: injections are generally given every 4 weeks, sometimes out to every 6 weeks, for 3 to 5 years, although longer treatment may be recommended for some high-risk patients.

Though it is important to remain on a schedule with allergy shots, missing 1-2 weeks for vacation or illness will not significantly impact progress while on maintenance.

Reactions to Allergy Shots

It is possible to have an allergic reaction to venom immunotherapy injections. Reactions can be local (swelling, redness, or discomfort at the injection site) or systemic (affecting other parts of the body). Systemic reactions may include hives, flushing, lightheadedness, wheezing, throat symptoms, or, rarely, life-threatening reactions such as anaphylaxis. Certain conditions may increase the risk of reactions, including poorly controlled asthma, illness, strenuous exercise before or after injections, or increased exposure to stinging insects. Please notify your nurse or physician before receiving injections if you are experiencing asthma symptoms, illness, or have recently been stung. Because reactions can occur even after previously tolerated injections, patients are required to remain in the office for 30 minutes after each injection for observation. Ice or anti-itch medication may be used for local injection site discomfort if needed.

Please inform the nursing staff if you have been diagnosed with a new medical condition or prescribed any new medications since your last visit. If any symptoms occur immediately or within hours of your injection, please inform the nurse before you receive your next injection.

Medical Conditions

- Venom immunotherapy is generally not initiated during pregnancy, but treatment may be continued if a patient becomes pregnant while already receiving maintenance injections.
- Beta-blocker medications (ex: Atenolol, Propranolol, Metoprolol) and certain blood pressure medications such as ACE inhibitors may increase the risk or severity of allergic reactions and may interfere with treatment of anaphylaxis. Please discuss these medications with your allergist before receiving venom injections.
- Patients should not receive venom injections when experiencing fever, illness, uncontrolled asthma symptoms, or active breathing problems.
- If you are taking antibiotics for an infection, please complete at least two days of treatment and notify the office before receiving your injection.
- Please inform your allergist if you experience a sting reaction during venom immunotherapy, as adjustments to your treatment schedule may be necessary.

Will My Insurance Cover Venom Shots?

Please call your insurance company to check coverage for both the preparation of the venom extract/serum (codes: 95145, 95146, 95147, 95148, and 95149) and the coverage for the administration of the venom immunotherapy injections (codes: 95117, and 95115). If you desire rapid build-up and administration of a cluster of injections administered on one day, ask about code 95180. Insurance may ask for the diagnosis code: Z91.030 (bee allergy status) , Z91.038 (other insect allergy status), or T63.481A (allergic reaction to hymenoptera).

If you have not met your deductible, you may be responsible for the full cost of venom extract preparation and injections until your deductible is met. Venom extracts are prepared specifically for each patient and cannot be used for anyone other than the patient for whom they were ordered. As a result, you are responsible for the cost as dictated by your insurance, even if you decide not to continue treatment after the venom extract has been prepared. Please note that insurance companies may require venom extracts to be prepared and billed on separate days, which can result in multiple insurance claims. Depending on your treatment plan, more than one venom extract may be required.

Venom Shot Appointments:

Venom shots are given by appointment only. Appointments can be made in the office, by phone, or by request via the patent portal. Because we must allow for the 30-minute observation period after all shots, patients who present for injections outside of our shot hours will be rescheduled. Patients who schedule shots at the end of our shot hours must be in the office no later than 30 minutes before our lunch/closing time for the day. Please see our website for hours.

Venom Immunotherapy Consent

Venom immunotherapy injections should be administered at a medical facility with a medical provider present because occasional reactions may require immediate treatment. These reactions may include any or all of the following symptoms: localized swelling or redness at the injection site; itchy eyes, nose, or throat; nasal congestion; runny nose; throat tightness or chest tightness; coughing; increased wheezing; lightheadedness; faintness; nausea or vomiting; hives; generalized itching; and, under rare circumstances, anaphylaxis or shock. Although uncommon, reactions can be serious and, rarely, life-threatening.

You are required to remain in the medical facility where you receive the injections for 30 minutes after each injection. If the patient is 17 years of age or younger, a parent or legal guardian must be present during the waiting period. I verify that I (or the patient) am not taking beta-blocker medications or ACE inhibitors, or that if I am, I have discussed the risks and benefits with my physician. I verify that I will inform the nurse of any changes in my medication usage, or if I become pregnant, prior to receiving my shot each time.

I have read the *Venom Immunotherapy Patient Information* Sheet on immunotherapy and understand it. The opportunity has been provided for me to ask questions regarding the potential side effects of immunotherapy and these questions have been answered to my satisfaction. I understand that every precaution consistent with the best medical practice will be carried out to protect me against such reactions. I also agree that if I have an allergic reaction to the injections that the physician-in-charge has permission to treat said reaction.

I acknowledge the fact with my signature that I am authorizing the office to bill for venom immunotherapy serum, even if, for any reason, I decide not to initiate the venom immunotherapy program after the serum has been made. I understand that there is an additional charge for these venom serum vaccines and that I am responsible for my copay, deductible, and/or co-insurance, and any other amount not paid by my insurance. The venom extract will be mixed in the physician's office under the appropriate conditions.

Name of Patient: _____Patient's DOB: _____

Name of person completing this form (if not patient): _____

Signature: _____

Today's Date: _____

Witness: _____

If I am a parent or legal guardian of a patient, I understand that I must accompany my child throughout the entire 30-minute wait period.