



Sublingual immunotherapy is a painless solution to your allergies!

Compare sublingual drops with allergy shots and prescription medications.

	ALLERGY DROPS	ALLERGY SHOTS	PHARMACOTHERAPY
Method of administration	Drops under the tongue	Shots in arm	By mouth, nasal spray, inhaler or nebulizer
Possible adverse reactions	Rare itching/tingling in mouth, temporary worsening of allergy symptoms; Extremely rare: hives or anaphylaxis	Swelling, redness, tenderness and/or itching at injection site, worsening of allergic symptoms, wheezing, hives, life-threatening anaphylaxis	Weight gain, drowsiness, restlessness, moodiness, inattention, dry mouth, increased risk of infection, dizziness, nausea and vomiting...
Number of provider visits	Once every 12 weeks	1-2 times every week	Frequent for medication refills, acute flare ups, resulting infections
Allergy testing required	Yes, as needed	Yes, as needed	Recommended
Who should NOT use	Severe immunodeficiency	Taking beta-blockers, history of anaphylaxis, young children, infants, severe asthmatics, severe immunodeficiency	Medication-dependent but may include hypertension, immunodeficiency, people on interacting meds, bad reaction to meds
Duration of treatment	4 years	3-5 years or more	Life-long
Treatment frequency / location	Daily drops under the tongue / home	Shots 1-2 times per week / doctor's office	Daily single or multiple doses / home
FDA approved?	Antigens: Yes / Method: Off-Label	Serum: Yes / Method: Yes	Yes
Effective	Yes	Yes	50% of patients are dissatisfied
Insurance coverage for allergy testing	Yes, but call insurance company for your specific benefits	Yes, but call insurance company for your specific benefits	Yes, but most patients are not tested before meds are prescribed
Insurance coverage for serum	No, but comparatively low out of pocket cost	Usually yes but plan-dependent; Check with your insurer	Yes for most treatments and meds; Co-pays vary by tier
Costs	Ask your provider ¹	Co-pay each week for office visits	Co-pay for office visits and for meds
Treatment time	2 minutes daily (in the comfort of your home)	Hours weekly (driving to and from doctor, waiting after each shot)	1-30 minutes per day depending on quantity and type of meds
Monthly Cost EXAMPLE	Co-pay ² ≈ \$ 6 Drops ≈ \$ ____ Approx. total / month ≈ \$ ____	Co-pay ³ ≈ \$130 Hours of lost work ≈ ??? Gas money ≈ ??? Approx. total / month ≈ \$130+	Antihistamines, eye drops, nasal steroid spray, maintenance inhaler, rescue inhaler ⁴ Approx. total / month ≈ \$210



Drops SAVINGS Monthly vs Shots: about \$ ____

Drops SAVINGS Monthly vs Meds: about \$ ____

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¹AllerVision does not determine pricing. ²Based on \$20 co-pay for primary care physician x 0.3 visits per month (4 visits in 12 months).

³Based on \$20 co-pay x 6.5 visits per month. ⁴Based on estimated cost of prescription medications for allergies and asthma.