



Specific allergen immunotherapy for adults and adolescents

Read first



Initial asthma treatment for adults and adolescents after diagnosis



Trigger avoidance strategies for adults and adolescents



Allergy and asthma



Recommendation

Consider house dust mite sublingual specific allergen immunotherapy for adults or adolescents with asthma who are sensitised to house dust mite and have poor asthma symptom control despite treatment that includes ICS.

Arrange spirometry before beginning allergen immunotherapy.

Discuss risks, potential benefits, and cost with patients.



Alert

Do not use sublingual allergen immunotherapy a patient with FEV₁ ≤70% predicted value.

Sources & rationale

Recommendation type: Adapted from GINA

Sublingual immunotherapy involves the administration of allergen extracts either as tablet or drops administered under the tongue, with an induction phase in which the dose is progressively increased. [\[GINA 2025\]](#)

Standardised house dust mite sublingual immunotherapy in adults and adolescents with well-controlled or partially controlled mild-to-moderate allergic asthma is associated with reduction in ICS dose and improvement in asthma symptoms. [\[Wongsa 2022\]](#)

References

Australian Product Information – Acarizax (American house dust mite extract & European house dust mite extract) sublingual tablet. [Revised 21 July 2022] Therapeutic Goods Administration (www.ebs.tga.gov.au)

Australian Product Information – Actair (mixture of American (D Farinae) and European (D Pteronyssinus) house dust mite allergen extracts) sublingual tablets. [Revised 10 January 2024]. Therapeutic Goods Administration (www.ebs.tga.gov.au)

Global Initiative for Asthma (GINA). Global Strategy for Asthma Management and Prevention, 2025. Available from: www.ginasthma.org

Wongsa C, Phinyo P, Sompornrattanaphan M, et al. Efficacy and safety of house dust mite sublingual immunotherapy tablet in allergic asthma: a systematic review of randomized controlled trials. J Allergy Clin Immunol Pract 2022; 10: 1342-1355.e24.

Resources

ASCIA's [Allergen immunotherapy e-training for health professionals](#)

ASCIA's [list of TGA-approved allergen immunotherapy products](#)

ASCIA's treatment plans for [sublingual immunotherapy](#)

Notes

Sublingual immunotherapy commercial preparations for house dust mite are approved by TGA for the treatment of allergic rhinitis. [\[Australian PI\]](#)



Consideration

For adults with confirmed clinically significant sensitisation to aeroallergens other than house dust mite, allergen immunotherapy can be considered as add-on therapy.

Sublingual immunotherapies for grass pollen allergies are approved by TGA for the treatment of patients with allergic rhinitis.

Subcutaneous immunotherapy should only be prescribed and administered by practitioners with training and experience in allergy testing and in the formulation and administration of subcutaneous immunotherapy. Standardized extracts should be used, where available.



Alert

Subcutaneous immunotherapy should only be administered in healthcare settings with capability for managing severe allergic reactions/anaphylaxis.



Alert

In patients with severe asthma, allergen immunotherapy should not be started until good symptom control has been achieved and risk factors for exacerbations managed.

Sources & rationale

Recommendation type: Adapted from GINA

Specific allergen immunotherapy involves administration of allergen extracts in precisely calculated doses to induce desensitization and/or tolerance. There are two approaches: subcutaneous immunotherapy and sublingual immunotherapy.

Allergen immunotherapy using house dust mite allergens and grass pollen allergens has undergone more clinical trial testing than allergen immunotherapy using other allergens.[\[GINA 2025\]](#)

Systematic reviews have reported that the addition of subcutaneous immunotherapy to asthma treatment was associated with reduction in ICS dose requirement, reduction in reliever use, and reduction in the need for systemic corticosteroids, and that it may improve asthma-specific quality of life and lung function.[\[GINA 2025\]](#) Severe allergic reactions occur in an estimated <0.5–0.7% of patients treated with subcutaneous immunotherapy.

A 2020 Cochrane review concluded that the addition of sublingual immunotherapy to asthma treatment may reduce the risk of asthma exacerbation requiring OCS.[\[Fortescue 2020\]](#)

Specific allergen immunotherapy might be effective in protecting against thunderstorm asthma,[\[Price 2021\]](#) but this has not been evaluated in randomised clinical trials. Data from a small Australian open-label study suggest that short-term treatment with five-grass sublingual immunotherapy may have been protective in individuals.[\[O’Hehir 2018\]](#) The potential benefits and risks should be assessed and discussed with the patient. Benefits should be weighed against the risk of adverse effects and the inconvenience and cost of the prolonged course of treatment (typically 3–5 years).[\[GINA 2025\]](#)

References

Australian Register of Therapeutic Goods (ARTG) [webpage]. <https://www.tga.gov.au/resources/artg>

Australasian Society of Clinical Immunology and Allergy. Allergen Immunotherapy FAQ – Availability and Regulation [webpage]. [Updated July 2023] <https://www.allergy.org.au/hp/papers/allergen-availability>

Australian Product Information – Acarizax (American house dust mite extract & European house dust mite extract) sublingual tablet. [Revised 21 July 2022] Therapeutic Goods Administration (www.ebs.tga.gov.au)

Australian Product Information – Actair (mixture of American (D Farinae) and European (D Pteronyssinus) house dust mite allergen extracts) sublingual tablets. [Updated 10 January 2024]. Therapeutic Goods Administration (www.ebs.tga.gov.au)

Australian Product Information Grazax (Phleum pratense) sublingual tablets. [Revised 3 November 2021] Therapeutic Goods Administration (www.ebs.tga.gov.au)

Australian Product Information – Oralair (allergen pollen extract of 5 grasses) tablets. [Revised 17 May 2023] Therapeutic Goods Administration (www.ebs.tga.gov.au)

Fortescue R, Kew KM, Leung MST. Sublingual immunotherapy for asthma. Cochrane Database Syst Rev 2020; 9: CD011293.

Global Initiative for Asthma (GINA). Global Strategy for Asthma Management and Prevention, 2025. Available from: www.ginasthma.org

O’Hehir RE, Varese NP, Deckert K et al. Epidemic thunderstorm asthma protection with five-grass pollen tablet sublingual immunotherapy: a clinical trial. Am J Respir Crit Care Med 2018; 198: 126-8.

Price D, Hughes KM, Thien F, Suphioglu C. Epidemic thunderstorm asthma: lessons learned from the storm down-under. J Allergy Clin Immunol Pract 2021; 9: 1510-1515.

Resources

ASCIA’s [list of TGA-approved allergen immunotherapy products](#)

ASCIA’s [Allergen immunotherapy e-training for health professionals](#)

ASCIA’s treatment plans for [sublingual immunotherapy](#) and [subcutaneous immunotherapy](#)

Notes

Sublingual immunotherapy commercial preparations for grass pollens are approved by TGA for the treatment of allergic rhinitis. [[Australian PI](#)]

The Australian Register of Therapeutic Goods lists a wide range of allergen preparations for sublingual or subcutaneous immunotherapy. [[ARTG, ASCIA 2023](#)]

Availability of allergen immunotherapy products is limited by supply shortages and approval processes. [[ASCIA 2023](#)]



Practice point

In patients with severe asthma, allergen immunotherapy should not be started until good symptom control has been achieved and risk factors for exacerbations managed.



Practice point

Do not use sublingual allergen immunotherapy a patient with FEV1 \leq 70% predicted value.



Practice point

Subcutaneous immunotherapy should only be administered in healthcare settings with capability for managing severe allergic reactions/anaphylaxis.