



ACE INHIBITOR & VENOM IMMUNOTHERAPY

I acknowledge that [I am/my child is] presently taking an ACE inhibitor medication. ACE inhibitors commonly treat high blood pressure and congestive heart failure and provide kidney benefits in certain diseases. These medications **may increase the chance of a systemic reaction to venom immunotherapy and possibly increase the likelihood that such a reaction is more difficult to treat.**

I have discussed with my prescribing physician of the ACE inhibitor about alternative medications. According to the Practice Parameters on Anaphylaxis (2015), written by an expert panel of allergists, the *benefits* of venom immunotherapy *outweigh* the potential risks associated with ACE inhibitors in those patients with anaphylaxis to stinging insects.

<u>EXAMPLES</u>	Combination Products
<p>ACE inhibitors</p> <ul style="list-style-type: none"> • benazepril (<i>Lotensin, Lotensin Hct</i>) • captopril (<i>Capoten</i>) • enalapril (<i>Vasotec</i>) • fosinopril (<i>Monopril</i>) • lisinopril (<i>Prinivil, Zestril</i>) • moexipril (<i>Univasc</i>) • perindopril (<i>Aceon</i>) • quinapril (<i>Accupril</i>) • ramipril (<i>Altace</i>) •trandolapril (<i>Mavik</i>) 	<ul style="list-style-type: none"> • <i>Accuretic</i> (quinapril) • <i>Amblobenz</i> (benazepril) • <i>Capozide</i> (captopril) • <i>Lexxel</i> (enalapril) • <i>Lotensin</i> (benazepril) • <i>Lotrel</i> (benazepril) • <i>Monopril</i> (fosinopril) • <i>Prestalia</i> (perindopril) • <i>Prinzide</i> (lisinopril) • <i>Quinaretic</i> (quinapril) • <i>Uniretic</i> (moexipril) • <i>Tarka</i> (trandolapril) • <i>Vaseretic</i> (enalapril) • <i>Zestoretic</i> (lisinopril)

I have read and understand that ACE inhibitors may increase the risk for a systemic reaction to venom immunotherapy which may be more resistant to treatment. My/my child's physician, who prescribed the ACE inhibitor, and I have discussed that there are no acceptable alternatives to an ACE inhibitor. I have had sufficient opportunity to discuss my condition with my allergist and have had my questions answered to my satisfaction. I understand the risks and wish to continue with immunotherapy.

Patient's Name

Date of Birth

Responsible Party/Guarantor Printed Name same as above

Relationship to Patient

Patient/Responsible Party/Guarantor Signature

Date

Healthcare Provider's Signature

Date