nextmuneuk laboratories

MEDICATION WITHDRAWAL GUIDE FOR ALLERGEN-SPECIFIC SEROLOGICAL TESTING

SERUM SAMPLE STORAGE FREE

Nextmune offers a **FREE** of charge **serum storage facility** to enable you to sample before medicating and then test if and when you are ready.

For more information visit the Nextmune Practice Portal at **nextmunelaboratories.co.uk/login**

PRACTICE PORTAL

MEDICATION (AT LICENSED DOSE IF NOT STATED)	SUGGESTED MINIMUM WITHDRAWAL TIME
GLUCOCORTICOIDS	
Oral short-acting <0.5mg/kg, q24hrs for <2 months (e.g. prednisolone, prednisone, methylprednisolone)	0 days
Oral short acting >0.5mg/kg, q12hrs or >2 months (e.g. prednisolone, prednisone, methylprednisolone)	*see guidance below
Injectable short-acting (e.g. single dose of dexamethasone)	7 days
Injectable long-acting (e.g. methylprednisolone acetate)	28 days
Inhaled - non-licensed (e.g. beclometasone or fluticasone)	14 days
Inhaled - licensed pro-drugs (e.g. Aservo (ciclesonide))	0 days
Topical short-acting (e.g. skin, aural and ophthalmic medications)	0 days
Topical long-acting (e.g. aural medications Neptra® and Osurnia® with sustained residual effects)	14 days
OTHER MEDICATIONS	
Ciclosporin, Oclacitinib (Apoquel®), **Lokivetmab** (Cytopoint®), **antihistamines, essential fatty acids, antibiotics, anti-fungals, ecto and endo-parasiticides, NSAIDs, cardiac and thyroid medications**	0 days

*There is an absence of specific studies looking at the effect of higher doses or a longer duration of corticosteroid use but testing may be affected. We would advise, where possible, to withdraw for a minimum of 4-6 weeks in these cases but particularly if immuno-suppression has occurred, a significantly longer withdrawal may be required.

Where it is not possible to safely withdraw corticosteroids, or use alternative therapies to control the clinical signs sufficiently, we advise reducing the dose as much as possible prior to testing and interpreting the results in light of this. Please also refer to our guidance notes on the optimal timing for testing at nextmunelaboratories.co.uk.

Recommendations are based on the publications below in addition to pharmaceutical company data and dermatologist guidance. There is currently limited available evidence (especially for cats and horses) particularly regarding the effect of the long-term use of the majority of drugs listed above, or when used off license.

- Olivry, T. & Saridomichelakis, M. (2013). Evidence-based guidelines for anti-allergic drug withdrawal times before allergen-specific intradermal testing and IgE serological tests in dogs for the International Taskforce on Allergic Diseases of Animals (ICADA). Veterinary Dermatology 24(2): 225-e49
- Clear, V., Petersen, A., Rosser, E.J. & Ruggiero, V. (2015). Investigation of the effects of 30 day administration of oclacitinib (Apoquel®) on intradermal and allergen-specific IgE serology testing in atopic dogs. In: 29th Proceedings of the North American Veterinary Dermatology Forum (NAVDF), Nashville, Tennessee
- Souza, C.P., Rosychuk, R.A., Contreras, E.T., Schissler, J.R., & Simpson, A.C. (2018). A retrospective analysis of the use of lokivetmab in the management of allergic pruritus in a referral population of 135 dogs in the western USA. Veterinary dermatology 29(6): 489-e164