

Allergy skin testing may give inaccurate results if antihistamines are in your system. Below please find a guide to medications that may interfere. We ask that you **avoid anti-histamines for at least 2 days** prior to your visit as outlined below. **If you are taking a medication with anti-histamine effects which cannot be stopped because of the severity of your condition or any other reason, please continue taking the medication and let the office know prior to your initial visit so alternative options can be discussed.**

MEDICATIONS THAT MAY INTERFERE WITH SKIN TESTING
(Try to avoid for 48 hours prior to appointment)

• **ANTI-HISTAMINES**

- Brompheniramine (*Bromphen*®)
- Cetirizine (*Zyrtec*®)
- Chlorphenamine (*Chlor-Trimeton*®)
- Cyproheptadine (*Periactin*®)
- Desloratadine (*Clarinox*®)
- Diphenhydramine (*Benadryl*®)
- Fexofenadine (*Allegra*®)
- Hydroxyzine (*Atarax*®)
- Levocetirizine (*Xyzal*®)
- Loratadine (*Claritin*®, *Alavert*®)
- Meclizine (*Antivert*®)
- Promethazine (*Phenergan*®)
- Prochlorperazine (*Compazine*®)

• **OVER-THE-COUNTER COUGH/COLD/ALLERGY MEDS**

- *Dimetapp*®, *Triaminic*®, etc.

• **NASAL ANTIHISTAMINE SPRAYS (Hold 24 hours prior to appointment)**

- Azelastine (*Astelin*®, *Astepro*®, *Dymista*®)
- Olopatadine (*Patanase*®)

• **ANTI-ANXIETY/ANTI-DEPRESSION/SLEEP MEDICATIONS)**

- Amitriptyline (*Elavil*®)
- Clonazepam (*Klonopin*®)
- Doxepin (*Silenor*®),
- Imipramine (*Tofranil*®)
- Mirtazapine (*Remeron*®)
- Nortriptyline (*Pamelor*®)

****IF YOU ARE ON ANY INHALERS FOR ASTHMA/COPD, PLEASE HOLD YOUR MORNING DOSE ON THE DAY OF YOUR FIRST APPOINTMENT****

THERE IS NO NEED TO STOP THE FOLLOWING MEDICATIONS PRIOR TO VISIT

• **ASTHMA/COPD NON-INHALER MEDICATIONS**

(Montelukast [*Singulair*®], Zileuton, Theophylline)

• **ORAL STEROIDS** (*Prednisone*, *Medrol*® Pack)

• **NASAL STEROID SPRAYS** (*Flonase*®, *Nasonex*®, *Nasocort*®, *QNasi*®, *Rhinocort*®, *Veramyst*®)

• **ALLERGY EYE DROPS** (*Alaway*®, *Optivar*®, *Pataday*®, *Pazeo*®, *Zaditor*®, etc)

• **DECONGESTANTS** (Pseudoephedrine [*Sudafed*®] or Phenylephrine [*Sudafed-PE*®])

• **ANTIBIOTICS**

• **ANTI-DEPRESSANT/ANTI-ANXIETY MEDS NOT ABOVE** (*Zoloft*®, *Wellbutrin*®, etc)

• **ANTACIDS** (*Zantac*®, *Prilosec*®, *Prevacid*®, etc)

• **ANY OTHER MEDICATIONS FOR NON-ALLERGY ISSUES**