

## COMMUNITY PHARMACISTS: BE ANTIBIOTICS AWARE

# Verify Penicillin Allergy



### DID YOU KNOW?

Although 10% of the population in the U.S. reports a penicillin allergy, less than 1% of the population is truly penicillin allergic. Correctly identifying if your patient is penicillin allergic can decrease the unnecessary use of broad-spectrum antibiotics.<sup>1,2,3</sup>

### Pharmacists can help verify a penicillin allergy by:



#### 1. Reviewing the patient's medication profile to obtain previous prescription history.

- If the patient has tolerated a penicillin after a documented reaction, they may not be truly penicillin allergic.
- If the patient has tolerated a cephalosporin, this may provide additional information regarding their ability to tolerate beta-lactam antibiotics.



#### 2. Asking questions to evaluate if the patient is truly penicillin allergic.

- What medication(s) were you taking when the reaction occurred?
- Can you describe the symptoms you experienced?
- How long ago did the reaction occur?
- How was the reaction managed? What was the outcome?
- Have you been prescribed amoxicillin or another penicillin since your reaction? Did you tolerate the antibiotic?



#### 3. Advising the patient to seek further allergy assessment by their primary care provider or allergist if:

- Side effect is not consistent with an allergy.
- A penicillin or cephalosporin antibiotic was tolerated after their initial reaction.
- Reaction was non-severe and more than 10 years ago.

Patients with a history of severe hypersensitivity syndromes, such as Stevens-Johnson syndrome, toxic epidermal necrolysis, serum sickness, acute interstitial nephritis, hemolytic anemia, and drug rash with eosinophilia and systemic symptoms (DRESS) should not use the offending drug in the future. Further evaluation described above is not appropriate for patients with these severe hypersensitivity syndromes.

*This document is meant to provide general guidance and does not apply to all clinical scenarios. Always assess the individual patient, use your clinical judgment, and follow your organization's protocols when applicable.*

#### References:

1. CDC's "Is It Really a Penicillin Allergy?" Fact Sheet <https://www.cdc.gov/antibiotic-use/community/pdfs/penicillin-factsheet.pdf>.
2. Shenoy ES, et al. JAMA. 2019;321(2):188-199.
3. Castells M, et al. NEJM. 2019;381:2338-2351.



[www.cdc.gov/antibiotic-use](http://www.cdc.gov/antibiotic-use)