INSTRUCTIONS AND DOSAGE SCHEDULE FOR ALLERGENIC EXTRACTS
HYMENOPTERA VENOM PRODUCTS
Multidose 13.0 mL (Vespa Crassipes Crassipes, Wasp, and Mixed Vespid)

HollisterStier
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Spokane, WA 99270

U.S. License No. 1272

DESCRIPTION
Hymenoptera Venom Products available are sterile freeze-dried venom of Honey Bee (Apis mellifera), Wasp, Hornets (Vespa crassipes, Vespa velutina, and Vespa mandarina), and Mixed Vespid venom protein (Vespula sp.). These stable, reconstitutable products are intended for immunotherapy only, not for diagnosis. Diagnosis should be based on an individual patient’s clinical history and symptoms.

INDICATIONS AND USAGE
Immune sensitization for insect sting allergy should be given to those patients who have experienced significant systemic reactions (for definition of symptoms see INDICATIONS AND USAGE AND ADVERSE REACTIONS) from insect stings and who demonstrate hypersensitivity by skin testing with these products. The only approved method for diagnosing insect sting allergies for immunization is by skin testing. This product must never be injected intravenously.

CONTRAINDICATIONS
There are no known absolute contraindications for immunotherapy using Hymenoptera Venom Products. See also PRECAUTIONS AND WARNINGS.

Patients receiving intradermal skin tests to specific venoms at 1 µg/mL are not recommended for venom immunotherapy.

Any injections, including immunotherapy, should be avoided in patients with a bleeding tendency.

Patients with cardiovascular diseases and/or pulmonary diseases such as symptomatic unstable, steroid-dependent asthma, and/or those who are receiving cardiovascular drugs such as beta blockers, may be at higher risk for severe adverse reactions. These patients may be more likely to respond to venom products used to treat the normal allergy regimen. Patients should be treated only if the benefit of treatment outweighs the risks.

Patients on beta blockers may be more reactive to allergens given for treatment or may be more likely to respond to venom products used to treat the normal allergy regimen.

Patients undergoing desensitization treatment with Hymenoptera Venom while receiving ACE inhibitors should be closely monitored for clinical deterioration, a possible result of the ACE inhibitor-induced hypotensive response.
Sterile solutions, vials, syringes, etc., should be used and aseptic techniques observed in making the injections. To avoid cross-contamination, do not use the same needle to withdraw fluids from vials of more than one vaccine, or follow by diluted vaccines.

A single dose of venom is usually sufficient, but occasionally a second dose may be given 3 to 5 days later. By the age of 12 months, most children have become tolerant of the 0.1 µg dose used for a routine test, and older children may require only 1 µg. Some patients may first respond to a 1 µg dose, and later become refractory to the lower dose. Therefore, the patient is likely not able to be reached effectively within 1 µg of venom. The dose should be increased to 3 µg, if the patient does not respond satisfactorily within 24 hours. If there is no response, the patient should be maintained on the 3 µg dose for a month before increasing to 10 µg. Patients may develop local reactions to doses of 100 µg or greater. The dose should be increased gradually, and the patient should be observed closely for evidence of anaphylaxis. If anaphylaxis occurs, the injection should be stopped and epinephrine administered immediately.

Asthma, angioneurotic edema, and urticaria are common reactions to Hymenoptera venom immunotherapy. These reactions may occur at any time during the course of therapy, and may be accompanied by other systemic reactions. Local reactions, such as erythema, swelling, or pruritus, are common and may be severe. Systemic reactions, such as hives, angioneurotic edema, or urticaria, are less common but may be severe. Severe systemic reactions, such as anaphylaxis, are rare but can be life-threatening. Therefore, all patients should be observed for at least 30 minutes after each injection. If a reaction occurs during the injection, the injection should be stopped immediately and the patient observed for at least 30 minutes. The injection should be stopped if any signs of anaphylaxis are noted. If anaphylaxis occurs, the injection should be stopped and epinephrine administered immediately. Patients should be instructed in the proper use of epinephrine auto-injectors and in the management of anaphylaxis.

Asthma is a chronic inflammatory disease of the airways that is characterized by airway hyperresponsiveness and inflammation. It is a common cause of airway obstruction and is associated with a high risk of morbidity and mortality. The treatment of asthma is aimed at reducing inflammation and improving airflow. This can be achieved through the use of inhaled corticosteroids, long-acting beta2-agonists, and leukotriene modifiers. These medications work by reducing inflammation and improving airflow. Inhaled corticosteroids are the most effective treatment for asthma. They reduce inflammation and improve airflow more than any other class of medication. Long-acting beta2-agonists are used to treat asthma when the patient is experiencing symptoms but is not taking any medication. They work by increasing airflow and reducing inflammation. Leukotriene modifiers are used to treat asthma in patients who are not responding to inhaled corticosteroids or long-acting beta2-agonists. They work by reducing inflammation and improving airflow.

Systemic reactions, such as anaphylaxis, are rare but can be life-threatening. Therefore, all patients should be observed for at least 30 minutes after each injection. If a reaction occurs during the injection, the injection should be stopped immediately and the patient observed for at least 30 minutes. The injection should be stopped if any signs of anaphylaxis are noted. If anaphylaxis occurs, the injection should be stopped and epinephrine administered immediately. Patients should be instructed in the proper use of epinephrine auto-injectors and in the management of anaphylaxis.
### Suggested Dosage Chart for Hymenoptera Venom Products

**Schedule for Immunotherapy**

<table>
<thead>
<tr>
<th>Dr. No.</th>
<th>Dose <em>Volume of</em></th>
<th>Patient <em>Volume of</em></th>
<th>Venom Product</th>
<th>Lot No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 µg/mL</td>
<td>10 µg/mL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>0.05 mL</td>
<td>0.05 mL</td>
<td>Mead,</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>0.10 mL</td>
<td>0.10 mL</td>
<td>Mixed Wasp</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>0.20 mL</td>
<td>0.20 mL</td>
<td>Vespula</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>0.40 mL</td>
<td>0.40 mL</td>
<td>Vespula</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mixed Vespida</td>
<td></td>
</tr>
</tbody>
</table>

**Dilution**: Mixed Vespida will contain three times the venom protein per mL shown in this table.

**Remarks**:
- See CAUTION Section in DOSAGE AND ADMINISTRATION. Immunotherapy.

**Dosage Notes**

-please note: Minor leakage of vial contents may occur after stopper is punctured several times if excessive amounts of air are injected into the vial. To prevent leakage, avoid buildup of air pressure, or store vial in upright position.

**Dr. Name**

**Address**

**Phone**

(Dr. Signature)

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**Instructions**

- See INDICATIONS AND USAGE, TREATMENT, and DOSAGE AND ADMINISTRATION in this Instruction Sheet.