The highest concentrations available offer the potential to identify more cat sensitive patients than conventionally produced extract.

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>DESCRIPTION</th>
<th>UNIT</th>
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</thead>
<tbody>
<tr>
<td>4815</td>
<td>Cat Hair – Scratch</td>
<td>5 mL 10,000 BAU/mL</td>
</tr>
<tr>
<td></td>
<td>Cat Hair – Bulk</td>
<td>10 mL, 30 mL, 50 mL Glycerinated 10,000 BAU/mL</td>
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<tr>
<td>4810</td>
<td>Cat Pelt – Scratch</td>
<td>5 mL 10,000 BAU/mL</td>
</tr>
<tr>
<td></td>
<td>Cat Pelt – Bulk</td>
<td>10 mL, 30 mL, 50 mL Glycerinated 10,000 BAU/mL</td>
</tr>
</tbody>
</table>

Fel d 1 is universally present in U.S. homes (even homes without pets)\(^1\), meaning all of your patients have some home exposure to cat allergens. Because everyone is at risk for possible allergic sensitization, it’s important you have the most exacting options for diagnosis and treatment.

Fel d 1, as found in cat hair, is the major cause of cat allergy symptoms. However, there are a small number of patients who are allergic to albumin or both albumin and Fel d 1. Albumin and other minor proteins are found in significant concentrations in cat pelt.

As of 2016, HollisterStier is the only supplier of both standardized cat hair and cat pelt extracts, giving you options for the best diagnosis and treatment.

**Why It Matters**

- Standardized cat hair and cat pelt extracts are produced using our exclusive Acetone Precipitated (AP) process for maximum concentration and efficacy.

- Tighter release limits than the FDA (for instance, our cat hair release limit is 12.5-19.9 units/mL vs. the FDA limit of 10-19.9 units/mL) mean more consistent lot to lot product.\(^2\)

- More effective diagnosis (and treatment) means you reach and benefit more patients. Testing for both cat hair and cat pelt has the potential to reach up to 20% more patients who may be missed when testing for cat hair alone.\(^3\)

- Like all of our antigens, AP Cat extracts don’t contain phenol which can denature the proteins in allergenic extracts.\(^4\)

---

**WARNING Important Safety Information**

(See full prescribing information for complete boxed warning.)

Intended for use only by licensed health care provider experienced in administering allergenic extracts and trained to provide immediate emergency treatment in the event of a life-threatening reaction. Observe patients for at least 30 minutes following administration. Immunotherapy may not be suitable for patients with medical conditions that reduce their ability to withstand a systemic reaction. Allergenic extracts can cause serious systemic reactions, including anaphylactic shock and in rare cases death, especially in patients who have severe or steroid-dependent asthma, cardiovascular disease, or in patients who use beta blockers. Do not inject intravenously. This product is intended for subcutaneous injection for immunotherapy and percutaneous use for diagnosis. Refer to contraindications, warnings, precautions, and adverse reaction sections for more detailed information.

---

*see reverse for footnotes*  
\(^1\) S.J. Arbes, R.D. Cohn, M. Yin, M.L. Mullenbert, W. Friedman, and D.C. Zeldin. Dog Allergen (Can f1) and Cat Allergen (Fel d1) in US Homes: Results from the National Survey of Lead Allergens in Housing. The Journal of Allergy and Clinical Immunology, 114(1), 111-117 (2004).  
\(^2\) HollisterStier’s Allergy manufacturing plant is regulated by both CBER and CDER, and is ISO 9000 certified.  
\(^3\) Importance of albumin in cross-reactivity among cat, dog and horse allergens. R. Cabanas et al, 2000.  
ITEM NO. DESCRIPTION UNIT

4815 Cat Hair – Scratch 5 mL
10,000 BAU/mL
10 mL, 30 mL, 50 mL
Glycerinated 10,000 BAU/mL

4810 Cat Pelt – Scratch 5 mL
10,000 BAU/mL
10 mL, 30 mL, 50 mL
Glycerinated 10,000 BAU/mL

Fel d 1 is universally present in U.S. homes (even homes without pets), meaning all of your patients have some home exposure to cat allergens. Because everyone is at risk for possible allergic sensitization, it's important you have the most exacting options for diagnosis and treatment. Fel d 1, as found in cat hair, is the major cause of cat allergy symptoms. However, there are a small number of patients who are allergic to albumin or both albumin and Fel d 1. Albumin and other minor proteins are found in significant concentrations in cat pelt.

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Footnotes

1 S.J. Arbes, R.D. Cohn, M. Yin, M.L. Mullerbert, W. Friedman, and D.C. Zeldin. Dog Allergen (Can f1) and Cat Allergen (Fel d1) in US Homes: Results from the National Survey of Lead Allergens in Housing. The Journal of Allergy and Clinical Immunology, 114(1), 111-117 (2004).
2 HollisterStier’s Allergy manufacturing plant is regulated by both CBER and CDER, and is ISO 9000 certified.
The product is intended for use only by licensed medical personnel experienced in allergenic extracts and trained to provide immediate emergency treatment in the event of a life-threatening reaction. Allergenic extracts may potentially elicit a severe life-threatening systemic reaction, rarely death in adults. Therefore, emergency measures and personnel trained in their use are immediately available in the event of such a reaction. Patients should be instructed to recognize adverse reaction symptoms and cautioned to contact the physician’s office if symptoms occur. This standardized extract may be more potent than regular extracts and therefore is not directly interchangeable with our non-standardized extracts, or other manufacturers’ extracts. Therefore, allergens may be derived from different source materials and are not interchangeable. Standardized cat extracts labeled in AU/mL, are not interchangeable with extracts labeled in BAU/ML. See DESCRIPTION. Section. This product should never be injected intravenously. Non-potent-selective beta blockers may be more reactive to allergens given for testing or treatment and may be unresponsive to the usual doses of epinephrine used to treat adverse reactions.

If the previous extract was non-standardized or was standardized and labeled in ALLERGY UNITS PER ML (AU/ML): This extract will only be approximately equivalent to the previous concentration. The initial dose should be based on skin tests as noted under DOSAGE AND ADMINISTRATION, 3. Immunotherapy. It should be recognized that there are differences in the levels of non-Fel d 1 allergens among standardized cat extracts which utilize different source materials. Isoelectric focusing (IEF) patterns have been used to characterize the IEF profiles of the corresponding reference.

Each lot of Standardized Cat Pelt extract is standardized by quantitating the Fel d 1 content based on standards on file with the Center for Biology Evaluation and Research (CBER) of the U.S. Food and Drug Administration. Test extracts are diffused in agar containing standard anti-serum to Fel d 1, and compared to the diffusion of a reference cat allergen preparation. The potency of the extract is expressed as units of Fel d 1 per ml, and extracts containing 10-19 Fel d 1 units per ml are labeled at 10,000 AU/mL. It has been demonstrated that Fel d 1 is the principal allergen in both standard and non-standardized cat extracts containing 10-19 AU/ML. Standardized cat extracts contain 20-28 Fel d 1 units per ml and are labeled at 20,000 AU/mL. Standardized cat extracts containing 31-40 Fel d 1 units per ml are labeled at 30,000 AU/mL. If the previous extract was standardized and labeled in ALLERGY UNITS PER ML (AU/ML): This extract will only be approximately equivalent to the previous concentration. The initial dose should be based on skin tests as noted under DOSAGE AND ADMINISTRATION, 3. Immunotherapy.

If the previous extract was Outdated: The dating period for allergenic extracts indicates the time that they can be expected to remain potent under refrigerated storage conditions (2° - 8°C). During the storage of extracts, even under ideal conditions, some loss of potency occurs. For this reason, extracts should not be used beyond their expiration date. If a patient has been receiving injections of an outdated extract, he may experience excessive local or systemic reactions when changed to a new, and possibly more potent, extract.

Since all sera are produced in New Zealand, non-glycerin extracts are highly potent in sensitive individuals, and that systemic reactions of varying degrees of severity may occur, including urticaria, rhinitis, conjunctivitis, wheezing, coughing, angioedema, hypotension, bronchospasm, pallor, laryngeal edema, fainting, or even anaphylactic shock and death. Patients should be informed of this, and the precautions should be discussed prior to immunotherapy.

The usual initial dosage is 50% Short Ragweed 1:20 w/v Extract Concentrate Mixture = Strength x (by volume or parts) x 100%.

Allergenic extracts are indicated for use in diagnosis and immunotherapy of patients presenting symptoms of allergy (hay fever, rhinitis, etc.) to specific allergens. The selection of allergenic extracts to be used should be performed on a thorough and carefully taken history of hyper sensitivity, and confirmed by skin testing. The use of mixed or unrelated antigens for skin testing is not recommended when standardizing a reaction, in case of a positive reaction it is not always possible to predict which of the component is responsible for it. Therefore, the dose should be divided into more than one injection per visit. Immunization of the second (and subsequent) allergic reaction allows individualized and better control of dosage increases, including adjustments in dosage becoming necessary after severe reactions which may occur to the highly reactive allergens.

Patients with cardiovascular diseases or pulmonary diseases such as symptomatic 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 also be more refractory to the normal allergic treatment regimens. Patients should be treated only if the benefit of treatment outweighs the risks.

Patients with a life-threatening reaction. Some patients may have experienced allergic reactions to the highly reactive allergen. In these cases, the dose may need to be divided into more than one injection per visit. Immunization of the second (and subsequent) allergic reaction allows individualized and better control of dosage increases, including adjustments in dosage becoming necessary after severe reactions which may occur to the highly reactive allergens.

Patients with cardiovascular diseases or pulmonary diseases such as symptomatic 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 also be more refractory to the normal allergic treatment regimens. Patients should be treated only if the benefit of treatment outweighs the risks.

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Patients with cardiovascular diseases or pulmonary diseases such as symptomatic 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 also be more refractory to the normal allergic treatment regimens. Patients should be treated only if the benefit of treatment outweighs the risks.

Intradermal injections should be performed in the axillae or buttocks. Topical steroids should be discontinued at the skin test site for at least 2-3 weeks before skin testing. Tricyclic antidepressants such as Doxepin (10% - 20%) should be discontinued at least 1 week before skin testing. Long acting antihistamines should be discontinued for at least 3 days prior to skin testing. Topical steroids should be discontinued at the skin test site for at least 2 weeks before skin testing. Local anesthetic techniques such as Eutectic should be withheld for at least 3 days prior to skin testing. Topical local anesthetics may suppress the flare response and should be avoided in skin test sites.

There are no current studies on secretion of the allergenic extract components in human milk or effect on the nursing mother. Infants are excreted in human milk, caution should be exercised when allergenic extracts are administered to a nursing woman.7. Allergenic extracts are indicated for use in diagnosis and immunotherapy of patients presenting symptoms of allergy (hay fever, rhinitis, etc.) to specific allergens. The selection of allergenic extracts to be used should be performed on a thorough and carefully taken history of hyper sensitivity, and confirmed by skin testing. The use of mixed or unrelated antigens for skin testing is not recommended when standardizing a reaction, in case of a positive reaction it is not always possible to predict which of the component is responsible for it. Therefore, the dose should be divided into more than one injection per visit. Immunization of the second (and subsequent) allergic reaction allows individualized and better control of dosage increases, including adjustments in dosage becoming necessary after severe reactions which may occur to the highly reactive allergens.
**EPIDERMONE DOSAGE**

**ADULT.** 0.3 to 0.5 mL should be injected. Repeat in 5 to 10 minutes if necessary.

**PEDIATRIC.** The usual dose is 0.01 mg per kg body weight or 0.1 mL per square meter of body surface. Suggested dosage for infants to 2 years of age is 0.05 mL, 0.1 mL for children 2 to 6 years, 0.15 mL, and children 6 to 12 years, 0.2 mL. Single pediatric doses should not exceed 0.3 mg/mL. Doses may be repeated as frequently as every 20 minutes, depending on the severity of the condition and the patient’s response.

After administration of epinephrine, profound shock or vasomotor collapse should be treated with intravenous fluids. Intravenous fluids should be administered simultaneously with epinephrine. Additional doses of epinephrine may be given if the symptoms return.

**INTERIM DOSAGES.** The dosage of allergenic extract does not vary significantly with age. Doses should be increased in steps of 0.1 mL per day until a maximum dose is reached. The maximum dose should be established; however, doses larger than 0.2 mL of the glycerinated concentrate may be painful due to the glycerin content. Adverse reactions occur more frequently in patients who are very sensitive to the extract.

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WARNINGS: This product is intended for use only by licensed medical personnel experienced in administering allergenic extracts and trained to provide immediate emergency treatment in the event of a life-threatening reaction.

This standardized extract may be more potent than regular extracts and therefore is not directly interchangeable with Jubilant HollisterStier LLC non-standardized extracts, or other manufacturers’ products. Standardized extracts are produced from different raw materials and are not interchangeable. Standardized cat extracts labeled in Au/mL are not interchangeable with extracts labeled in BAlu/mL. See DESCRIPTION Section. This product should never be injected intravenously.

Refer also to the WARNINGS, PRECAUTIONS, ADVERSE REACTIONS and OVERDOSE Sections for further discussion.

DESCRIPTION: Allergenic extracts are sterile solutions containing the allergenic source material and components of the extract fluid. Standardized Cat Hair is available as an extract from an allergenic extract supplied in the extract fluid described below.

Source of Material: Cat Hair Source Material consists of hair follicles and/or shafts which have undergone an acetone precipitation process. AP™ Acetone Precipitated Cat Hair is derived from the precipitate formed when acetone is added to an aqueous extract.

Extracting Fluid: Glycolized Concentrate. Contains 0.5% sodium chloride, 0.25% sodium bicarbonate, and 95% glycerin (v/v) as a preservative.

Product Concentration: 1. Bioequivalent Allergy Units. When originally licensed, standardized cat extracts containing 10 to 20 Fel I units/mL were arbitrarily assigned 100,000 Allergy Units (AU/mL). Subsequently, quantitative skin testing by the ID (intradermal) method is used to determine that standardized cat extracts containing 10 to 19.9 Fel I units/mL, should be assigned 100,000 Allergy Units (AU/mL). To avoid possible confusion about this change in allergenic unit assignment, the nomenclature described for cat extracts, and the such units are labeled in Bioequivalent Allergy Units (BAlu/mL). Each lot of Standardized Cat Hair extract is standardized by quantifying the Fel I content based on standards with the Center for Biologics Evaluation and Research (CBER) of the U.S. Food and Drug Administration. Test extracts are diffused in agar containing standard anti-Fel I antiserum to Fel I and complement to determine Fel I activity. The test extract is expressed as units of Fel I per mL, and extracts containing 10-19.9 Fel I units/mL are labeled 10,000 BAlu/mL. It has been recognized that there are differences in the levels of Fel I activity among standardized cat extracts which utilize different source materials. Isotopic labeling patterns of Fel I have been shown to be preserved in the extracts. Therefore, each lot of Standardized Cat Hair is compared by ID to Cat Pellet Extract Reference and a Cat Hair Extract Reference with the CBER. The labeled name of the cat extract (i.e., Cat Hair Extract or Cat Pellet Extract) must be supported by matching the ID profile of the corresponding reference. 2. Concentrate. Concentrate label terminology applies to allergenic extract wherein the individual antigens vary in strength due to the dilution of the starting dose.

Clinical Pharmacology: The mechanisms by which hyporesensitization is achieved are not completely understood. It has been observed that repeated injections of appropriate antigen extracts will eradicate the intensity of allergic symptoms upon contact with allergen.(1,2)

2. Clinical studies which address the efficacy of immunotherapy are available. The allergenic extracts have been studied intradermally, subcutaneously, and intramuscularly. Eosinophil, basophil, and lymphocyte counts have been used to measure the destructive activity of the immune system. The use of mixed or unaltered antigens is not recommended for the treatment of allergic disease. However, it is recommended that a patient be exposed to the antigen by nasally instilled doses of the allergen or by the use of skin testing to determine the immunity of the patient. The method of the test should be chosen by the patient and the doctor. The relationship between long-lasting antibodies, and mediator-releasing cells, and successful immunotherapy need further clarification.

INDICATIONS AND USAGE: (1, 4, 5) Allergic extracts are indicated for use in diagnosis and immunotherapy of patients presenting symptoms of allergy (hay fever, rhinitis, etc.) to specific allergens. In addition, allergenic extracts have been used for the treatment of atopic dermatitis and other inflammatory states. Although there is some opposition to the use of allergenic extracts, the selection of patients for whom it should be used is still not fully established. It is important to select patients who are likely to benefit from the use of allergenic extracts; this is only possible in those patients who are allergic to one or more of the allergens present in the extract.

Allergic extract should be used only in patients who are allergic to one or more of the allergens present in the extract.

The clinical condition of the patient is of utmost importance. It is important to select patients who are likely to benefit from the use of allergenic extracts; this is only possible in those patients who are allergic to one or more of the allergens present in the extract.

Pregnancy Category C. Animal reproduction studies have not been conducted with allergenic extracts. It is also not known whether allergic extracts can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Allergenic extracts should be given to a pregnant woman only if clearly needed. There are no current studies on secretion of the allergenic extract components in human milk or effect on the nursing infant. Because many drugs are excreted in human milk, caution should be exercised in breastfeeding women who are being treated with allergenic extracts.

Adverse Reactions: Adverse reactions are typically mild, and consist of local itching, pain, or swelling at the injection site. More serious reactions, such as anaphylaxis, are rare. Some patients may experience mild or moderate increases in systemic symptoms such as fever, chills, or rash following treatment. These reactions are usually self-limited and do not require discontinuation of therapy. It is important to perform a thorough physical examination and monitor for any signs of drug-related toxicity. The patient should be monitored closely for evidence of progression of symptoms. If a reaction occurs, the treatment should be discontinued and the patient should be observed until the symptoms resolve. If necessary, medical treatment should be administered to treat the symptoms.

Ophthalmic: No information is available on the use of allergenic extracts for the treatment of ocular allergy. However, there have been reports of ocular reactions following the use of allergenic extracts for other indications. The risk of ocular reactions is increased when the extracts are administered intradermally. In these instances, the extracts should be used with caution and the patient should be observed closely for any signs of ocular toxicity.

Miscellaneous: No information is available on the use of allergenic extracts for the treatment of other miscellaneous conditions. However, there have been reports of adverse reactions following the use of allergenic extracts for other indications. The risk of adverse reactions is increased when the extracts are administered intradermally. In these instances, the extracts should be used with caution and the patient should be observed closely for any signs of adverse reactions.

CONTRAINDICATIONS: There are no known absolute contraindications to immunotherapy. However, see PRECAUTIONS for pregnancy risks. Patients with cardiovascular diseases or pulmonary diseases such as chronic asthma, and/or those who are receiving cardiovascular drugs such as beta blockers, may be at a higher risk for serious adverse reactions. These patients may also be at risk for exacerbation of their disease. However, it is important to consult with the patient and the patient's physician before initiating treatment.

Allergic extracts should be used only in patients who are allergic to one or more of the allergens present in the extract.

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Allergic extracts should be used only in patients who are allergic to one or more of the allergens present in the extract.
ADULT: 0.3 to 0.5 mL should be injected. Repeat in 5 to 10 minutes if necessary.

PEDIATRIC: The usual initial dose is 0.01 mg (mL) per kg body weight or 0.3 mg (mL) per square meter of body surface area. Suggested dosage for infants to 2 years of age is 0.05 mL to 0.1 mL; for children 2 to 6 years, 0.15 mL; and children 6 to 12 years, 0.2 mL. Single pediatric doses should not exceed 0.3 mg (mL). Doses may be repeated as frequently as every 20 minutes, depending on the severity of the condition and the response of the patient. After administration of epinephrine, profound shock or vasomotor collapse should be treated with intravenous fluids, and possibly vasodilatation. Anaphylaxis should be treated. Oxygen should be given by mask. Intravenous anesthetics, theophylline and/or corticosteroids may be used if necessary after epinephrine and vasodilatation support has been given. Epinephrine dosages and parameters outlined in the prior text should be used appropriately in the event of a serious systemic or anaphylactic reaction not responsive to the above measures [Ref. J. Allergy and Clinical Immunology, 77(2):p. 271-273, 1986]. Rarely are all of the above measures necessary, the tourniquet and epinephrine usually prompt discontinuation. However, the physician should be prepared in advance for all contingencies. Premeditation in beginning emergency treatment measures is of utmost importance. Severe systemic reactions may mandate a dose of 10 mL or more on the next dose, followed by cautious increases. Repeated systemic reactions, even of a mild nature, are sufficient reason for the cessation of further attempts to increase the reaction-causing dose.

(3) Adverse Event Reporting

Report all adverse events to Jubilant HollisterStier LLC, Customer Technical Services Department at 1 (800) 992-1120. A voluntary adverse event reporting system for health professionals is available through the FDA MEDWATCH program. Preprints formatted from FDA by the FDA-FDA1088. Completed forms should be mailed to MEDWATCH, 5600 Fisher Lane, Rockville, MD 20852-9707 or fax to 1 (800) FDA-0170.

OVERDOSAGE: See ADVERSE REACTIONS Section.

DOSAGE AND ADMINISTRATION: See Table I.

(4) Pediatric Use (see PRECAUTIONS)

HDM SUPPLIED: Standard Cat allergen extract is supplied for diagnostic and therapeutic use:

Diagnosis: Prick or puncture testing, 10,000 BAU/mL [50% glycerin (v/v)] in 5 mL dropper vials.

Bulk Therapeutics, multiple doses in 50 mL vials [50% (v/v)].

BULK THERAPEUTICS, multiple doses in 50 mL vials (50% [v/v]).

STORAGE: The expiration date of the Standard Cat Hair extract containing 10,000 BAU/mL is listed on the container label. The extract should be stored at 2° - 8° C. Dilutions of the BAU/mL concentrations are less stable and, if loss of potency is suspected, should be checked by skin testing with equal bioequivalent allergy units of a freshly prepared dilution on known cat allergic individuals.

LIMITED WARRANTY: A number of factors beyond our control could reduce the efficacy of this product or even result in an ill effect following its use. These include storage and handling of the product after it leaves our hands, diagnosis, dosage, method of administration and biological differences in individual patients. Because of these factors, it is important that this product be stored properly and that the directions for follow-through, the care that the physician and patient provide and the limitations of the method be considered for any given situation. The foregoing statements are made in no way of all warranty of merchantability or fitness. Representatives of the Company are not authorized to vary the terms of this warranty or the contents of any printed label for this product except by written notice from the Company’s headquarters. The provider and user of this product must accept the terms herein.

REFERENCES:

2. Assay for Cat Allergen I. Manual of Methods. Laboratory of Allergic Products. Center for Biologi 

TABLE I

<table>
<thead>
<tr>
<th>Dilution</th>
<th>Extract</th>
<th>BAU/mL</th>
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<th>Datum</th>
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<td>&lt; 0.01</td>
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</tr>
<tr>
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<td>-</td>
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1. Intradermal Reactions

Allergen extracts should be administered using a sterile syringe with 0.01 mL gradations and a 25-27 gauge 1/2” to 5/8” needle. The injections are given subcutaneously. The most common sites of injection are the lateral aspect of the upper arm or thigh. Intradermal or intramuscular injections may produce major local reactions which may be very painful. Dosage of allergens is highly individualized and varies according to the degree of sensitivity of the patient, his clinical response, and tolerance to the extract administered during the early phases of an injection regimen. The starting dose should be based on skin tests of the extract to be used for immunotherapy. To prepare dilutions for intradermal and subcutaneous therapy take a 1:10 dilution by adding 1.0 mL of the concentrate to 9.0 mL of sterile aquaes d悬液. The usual starting dose is 0.01 mL followed by a 0.01 mL dose every 20 minutes, to a maximum of 0.5 mL. If the patient is unresponsive to the initial dilution, a further dilution should be used. The dosage for each patient should be individualized, and the degree of sensitivity varies in many cases. Hence, for example, when treating a group of patients, the dose should be adjusted to the patient’s tolerance and response. Oxygen should be provided to the patient’s tolerance and response. The size of the dose should be decreased if the previous injection resulted in marked or the slightest general reaction. Another dose should never be given until all local reactions resulting from the previous dose have disappeared. In some patients, the dosage may be increased more rapidly than called for in the schedule in allergic reactions, treatment should be started and the interval between doses regulated so that at least the first 3 doses will be administered to the time mentioned by the time intervals are 10 times as strong as can be started, using 0.03 mL. Proceed in this way until a dose of 0.3 mL is reached or symptoms are controlled. Supported maintenance dosage is 0.2 mL of the concentrate. Occasionally, higher doses are necessary to relieve symptoms. Special caution is required in administering doses greater than 0.2 mL. The interval between doses normally is 3 to 7 days. This is suggested as a starting dose for cat allergen patients and will be satisfactory in most cases. However, the dosage can be increased gradually and should be repeated by the patient’s tolerance and response. The dose of the size dose should be increased if the previous injection resulted in marked or the slightest general reaction. Another dose should never be given until all local reactions resulting from the previous dose have disappeared. In some patients, the dosage may be increased more rapidly than called for in the schedule in allergic reactions, treatment should be started and the interval between doses regulated so that at least the first 3 doses will be administered to the time intervals are 10 times as strong as can be started, using 0.03 mL. Proceed in this way until a dose of 0.3 mL is reached or symptoms are controlled. Thus, the shorter the interval between the start of the injectee and the expected onset of symptoms, the shorter the interval between each dose. Some patients may even tolerate daily doses. A maintenance dose, the largest tolerated by the patient that relieves symptoms without producing undesirable local or general reactions is recommended for most patients. The upper limits of dose have been established: however, doses larger than 0.3 mL of the glycerinated concentrate may be painful to the glycerine content. The dosage of allergen extract does not vary significantly with the respirator allergic disease under treatment. The size of this dose and the interval between doses will vary and can be adjusted as necessary. Should symptoms develop before the next injection is scheduled, the interval between doses should be decreased. Should allergic symptoms or local reactions develop shortly after the dose is administered, the size of the dose should be decreased. It is often advisable to decrease the dose by one-half or one-quarter of the maximum dose previously administered if the patient has any seasonal symptoms. The interval between maintenance doses can be increased gradually from one week to 10 days, to two weeks, to three weeks, or even for four weeks if tolerated. Repeat the doses at a given interval three or four times to check for untoward reactions before further increasing the interval. Production is lost rapidly if the interval between doses is more than four weeks. (See WARNING Section.) The usual duration of treatment has not been established.

A period of two or three years of injection therapy constitutes an average minimum course of treatment.

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