

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. The reconstituted single venom products are intended for subcutaneous injection for immunotherapy and percutaneous use for diagnosis. The Mixed Vespid venom protein is for immunotherapy only, not for diagnosis. Diagnosis should be based on individual venoms. Refer to contraindications, warnings, precautions, adverse reaction and over dosage for more detailed information.

Adverse reactions on our products can be reported by calling **800-495-7437**, or by emailing **adversereactions@jubl.com**.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 800-FDA-1088.

ALLERGENIC EXTRACTS HYMENOPTERA VENOM

Hymenoptera venom allergy is one of the most common causes of anaphylaxis in adults. In fact, roughly 7% of the United States population is at risk for a severe reaction with their next bee or wasp sting.³ Because of their allergy, 220,000 people will visit the emergency room next year, unless they are treated by an allergist.⁴ Venom immunotherapy keeps patients out of the ER and saves lives.

ITEM NO.	DESCRIPTION	UNIT
6781	Honey Bee Venom (Apis mellifera)	See product catalog for available presentations
6782	White-Faced Hornet Venom Protein (Dolichovespula maculata)	-
6783	Yellow Hornet Venom Protein (Dolichovespula arenaria)	-
6784	Wasp Venom Protein (Polistes spp.)	-
6785	Yellow Jacket Venom Protein (Equal parts V. germanica, V. maculifrons, V. pensylvanica, V. vulgaris & V. squamosa)	-
6786	Mixed Vespid Venom Protein (Yellow Jacket, White-Faced Hornet & Yellow Hornet)	-
6781- 6785	Venomil [®] Single-Dose Diagnostic	2mL Vial

Our Venomil® 2mL Single-Dose Diagnostic Venoms offer exceptional versatility and convenience. Packaged separately for each species, these venoms provide ample product for diagnosing either a single patient or multiple patients in the same setting. Alternatively, they can also supply enough product for a maintenance dose for one patient.

Proven Effectiveness.² Unsurpassed Standards.

Venom Immunotherapy (VIT) reduces the risk of systemic reaction for patients allergic to stinging insects – with an efficacy rating of up to 98%.²

Our high-quality venom passes a minimum of 12 separate quality checks before we release it to you.¹ From raw material processing to the final container, one lot of yellow jacket finished product takes approximately 300 hours to complete.



FREE PATIENT EDUCATIONAL MATERIALS

Easily inform your patients about bee sting allergies and venom immunotherapy. BeeAware Allergy offers a wide selection of patient education materials, from large posters for your office to insightful brochures for patients to take home. Order any item and it will be shipped to you for free.

BOLLISTERSTIER ALLERGY

SEE INSERT INSIDE

 ¹HollisterStier Allergy's manufacturing plant is regulated by both CBER and CDER.
²Golden, David B.K. et al. Stinging insect hypersensitivity: A practice parameter update 2016. Ann Allergy Asthma Immunol, Vol 118, 28-54.

³Boyle, R., & Ludman, S. (2015). Stinging insect allergy: Current perspectives on veno immunotherapy. Journal of Asthma and Allergy, 75-86. doi:10.2147/jaa.s62288

⁴Forrester, J. A., Weiser, T. G., & Forrester, J. D. (2018). An Update on Fatalities Due to Venomous and Nonvenomous Animals in the United States (2008-2015). Wilderness & Environmental Medicine, 29(1), 36-44. doi:10.1016/j.wem.2017.10.004





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