ALK

Are your patients ready to move on from symptomatic therapies?

Their preferred AIT solution may be under the tongue

Pr ACARIZAX®
Standardized Allergen Extract,
House Dust Mites (*D. farinae* and *D. pteronyssinus*)

Pr ITULATEK®
Standardized Allergen Extract,
White Birch (*Betula Verrucosa*)
Sublingual Tablet, 12 SQ-Bet

Pr GRASTEK®
Timothy Grass Pollen Allergen Extract
Tablet for Sublingual Use 2800 BAU

Pr RAGWITEK®
Standardized Allergen Extract,
Short Ragweed (*Ambrosia artemisiifolia*)

The information in this brochure is just a summary. Before prescribing ACARIZAX®, ITULATEK®, GRASTEK®, or RAGWITEK®, please see pages 8-11 for Important Safety Information and consult the respective Product Monographs.

Four AIT options to cover more of your patients for different allergens

ITULATEK
12 SQ-Bet
1 tablet once daily

GRASTEK
2800 BAU
1 tablet once daily

RAGWITEK
12 Amb a 1-U
1 tablet once daily

Example prescriptions only.

PrACARIZAX®

Standardized Allergen Extract,
House Dust Mites (*D. farinae* and *D. pteronyssinus*)

Year-round treatment for house dust mites—one of the most common indoor allergens[1,2]

- **44%** of Canadians are sensitized to dust mites[2]
- Studied in mono- and polysensitized patients[1]
- Indicated for patients aged 18 to 65 years[1]
- DIN: 02463644

Using our expertise in allergies, we've been working to bring allergy patients worldwide the relief they deserve for nearly 100 years[3]

PrITULATEK®

Standardized Allergen Extract,
White Birch (*Betula Verrucosa*)
Sublingual Tablet, 12 SQ-Bet

The tablet solution for birch, alder, and hazel tree allergies[4]

- **16%** of patients are sensitized to tree pollen—the first outdoor allergen of the year[2,5]
- Birch pollen (*Betula verrucosa*) is among the most allergenic of any tree species[2,5,6]
- Indicated for patients aged 18 to 65 years[4]
- DIN: 02498073

PrGRASTEK®

Timothy Grass Pollen Allergen Extract
Tablet for Sublingual Use 2800 BAU

Cover your patients against Timothy and related grasses that are common in North America[7,8]

- **>23%** of Canadians suffer from grass sensitization[2]
- Extensively studied, including one study with a 3-year treatment period and 2-year follow-up[7]
- Indicated for patients aged 5 to 65 years[7]
- DIN: 02418304

PrRAGWITEK®

Standardized Allergen Extract,
Short Ragweed (*Ambrosia artemisiifolia*)

Target one of the most common fall allergies in North America[5]

- **33%** and **28%** of patients are sensitized to ragweed in Québec and Ontario, respectively[2]
- Studied during peak ragweed season when symptoms are their worst[9]
- Indicated for patients aged 5 to 65 years[9]
- DIN: 02423723

Contraindications[1,4,7,9]:

- Presently taking a β-blocker
- Previous severe systemic allergic reaction to immunotherapy
- Unstable severe chronic or seasonal asthma (FEV_1 <70% predicted value after adequate pharmacological treatment)
- Active inflammatory conditions of the oral cavity (eg, oral lichen planus with ulcerations, severe oral candidiasis)
- History of eosinophilic esophagitis (for ACARIZAX® or ITULATEK® treatment)

Trees, grasses, and ragweed are 3 of the most common allergens that cause seasonal allergies across Canada[2]

Set your patients up for success with SLIT-tablets

Treatment for perennial and seasonal allergies should be initiated as indicated. For seasonal allergies, begin treatment before their respective allergy seasons, and maintain throughout the season[1,4,7,9]

	ACARIZAX®	ITULATEK®		GRASTEK®	RAGWITEK®
Initiation period	Any time[1,10]	16 weeks prior to season[4,11]		8 weeks prior to season[7,11,*]	12 weeks prior to season[9,11]
		British Columbia	Rest of Canada		
Jan	●	●	●		
Feb	●	●	●		
Mar	●	●	●	●	
Apr	●	●	●	●	●
May	●	●	●	●	●
June	●	●	●	●	●
July	●			●	●
Aug	●			●	●
Sept	●	●		●	●
Oct	●	●			●
Nov	●	●	●		
Dec	●	●	●		

*GRASTEK® can also be initiated any time for year-round efficacy.[7]

The concomitant use of ACARIZAX®, ITULATEK®, GRASTEK®, and RAGWITEK® has not been studied.

Note: Allergy seasons are estimates based on previous years. Pollen seasons may vary from year to year and by geographical region within Canada

Reducing the burden of administration for your patients and practice

After the first medically supervised dose (with monitoring for at least 30 minutes), patients can take SLIT-tablets at home[1,4,7,9]

Fewer AIT appointments

Patients can receive AIT even if they can't make frequent visits

Standardized dosing

Once-daily standardized dosing for adults and children,† with no titration or updosing[1,4,7,9]

Sublingual administration

An AIT option that dissolves under the tongue in seconds[1,4,7,9]

SLIT-tablets should be placed under the tongue with dry fingers. Swallowing should be avoided for 1 minute, and drinking and eating should be avoided for the following 5 minutes[1,4,7,9]

AIT=allergy immunotherapy; SLIT=sublingual immunotherapy.

†GRASTEK® and RAGWITEK® are indicated for patients aged 5 to 65 years. ACARIZAX® and ITULATEK® are indicated for patients aged 18 to 65 years.[1,4,7,9]

Are your patients looking for more AIT options?

On-the-go lifestyles

- Patients who have busy work or school schedules may find it challenging to keep up with regular office visits
- SLIT-tablets offer these patients an AIT option that may better fit their lifestyles[1,4,7,9]

AIT hesitant

- Patients who avoid other forms of AIT because of the ramp-up commitment required
- SLIT-tablets give these patients the option of getting the benefits of AIT with standardized dosing[1,4,7,9]

Kids and caregivers*

- Pediatric patients may be averse to needles, and those who care for them often juggle multiple daily tasks
- SLIT-tablets reduce the need for office visits and injections[1,4,7,9]

Beyond symptom control

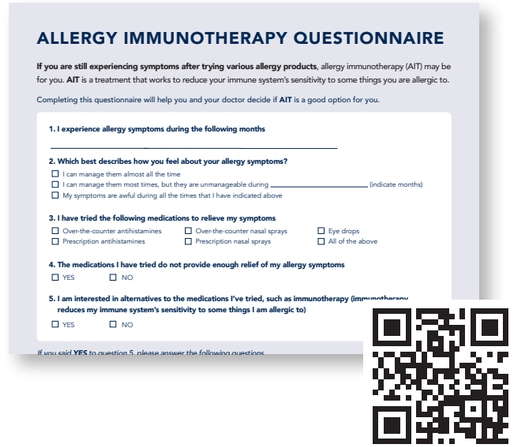
- Patients who visit the office when allergy symptoms are at their worst, but never take the next step to initiate AIT therapy
- SLIT-tablets may help patients go beyond symptom management and ease into a longer-term AIT solution

*GRASTEK® and RAGWITEK® are indicated for patients aged 5 to 65 years.
ACARIZAX® and ITULATEK® are indicated for patients aged 18 to 65 years.[1,4,7,9]

Shared decision-making (SDM) may help you and your patients determine if SLIT-tablet therapy best fits their needs[12]

SDM provides an opportunity to improve adherence, which may lead to greater disease control and patient satisfaction.[12]

Access a questionnaire that can help guide your conversations



ALLERGY IMMUNOTHERAPY QUESTIONNAIRE

If you are still experiencing symptoms after trying various allergy products, allergy immunotherapy (AIT) may be for you. **AIT** is a treatment that works to reduce your immune system's sensitivity to some things you are allergic to.

Completing this questionnaire will help you and your doctor decide if **AIT** is a good option for you.

1. I experience allergy symptoms during the following months

_____

2. Which best describes how you feel about your allergy symptoms?

☐ I can manage them almost all the time
☐ I can manage them most times, but they are unmanageable during _____ (indicate months)
☐ My symptoms are awful during all the times that I have indicated above

3. I have tried the following medications to relieve my symptoms

☐ Over-the-counter antihistamines ☐ Over-the-counter nasal sprays ☐ Eye drops
☐ Prescription antihistamines ☐ Prescription nasal sprays ☐ All of the above

4. The medications I have tried do not provide enough relief of my allergy symptoms

☐ YES ☐ NO

5. I am interested in alternatives to the medications I've tried, such as immunotherapy (immunotherapy reduces my immune system's sensitivity to some things I am allergic to)

☐ YES ☐ NO

If you said **YES** *to question 5, please answer the following questions*

AIT=allergy immunotherapy; SLIT=sublingual immunotherapy.

Important safety information

Pr ACARIZAX®
Standardized Allergen Extract,
House Dust Mites (*D. farinae* and *D. pteronyssinus*)

Contraindications:

ACARIZAX® is contraindicated in patients who:

- Have previously had a severe allergic reaction to house dust mite immunotherapy
- Have unstable, severe asthma (FEV_1 <70% of predicted value after adequate pharmacologic treatment in adults)
- Are taking β-blockers, as they can be non-responsive to β-agonists that may be required to reverse a systemic reaction
- Have active inflammatory conditions in the oral cavity, e.g., oral lichen planus with ulcerations, severe oral candidiasis, dental extraction
- Have a history of eosinophilic esophagitis

Most serious warnings and precautions:

Systemic allergic reactions: Severe local allergic reactions have been observed in patients receiving ACARIZAX®, and may require emergency administration of epinephrine, antihistamines, bronchodilators or systemic corticosteroids.

Medical supervision: The first tablet of ACARIZAX® must be taken at the physician's office under medical supervision and the patient must be monitored for at least 30 minutes.

Other relevant warnings and precautions:

- No data are available regarding the effect of vaccination in patients with ACARIZAX® treatment. Vaccination may be given without interrupting ACARIZAX® treatment after medical evaluation of the patient's general condition
- No data in patients previously administered epinephrine for a severe systemic allergic reaction
- Risk of potentiating effects of epinephrine in patients treated with tricyclic antidepressants and MAOIs
- Should not be initiated in pregnant women
- Should be used with caution in patients who have had severe systemic reactions to any house dust mite subcutaneous immunotherapy
- Discontinue use in patients with local swelling which is severe or may increase in severity over time
- Discontinue use immediately in patients developing clinical evidence of a severe systemic or severe local allergic reaction
- Educate patients about symptoms of a severe allergic reaction and self-injection of epinephrine
- Interrupt treatment until healing in patients with oral inflammation or oral wounds
- Stop treatment in asthmatic patients with difficulty breathing or inadequately controlled asthma
- No clinical data in nursing women; excretion in human milk unknown
- Safety and efficacy of immunotherapy with ACARIZAX® for house dust mite-induced allergic rhinitis, with or without conjunctivitis, have not been well-established in pediatric patients <18 years of age and not studied in patients <12 years of age
- No efficacy or long-term safety data in patients ≥65 years of age

Pr ITULATEK®
Standardized Allergen Extract,
White Birch (*Betula Verrucosa*)
Sublingual Tablet, 12 SQ-Bet

Clinical use:

- Safety and efficacy has not been established in pediatric patients <18 years of age
- No efficacy or long-term safety data in patients >65 years of age

Contraindications:

ITULATEK® is contraindicated in patients who:

- Are hypersensitive to any of the non-medicinal ingredients in the formulation or component of the container
- Have previously had a severe systemic allergic reaction to birch or related tree pollen immunotherapy
- Have unstable, severe or uncontrolled chronic or seasonal asthma (FEV_1 <70% of predicted value after adequate pharmacologic treatment)
- Are taking β-blockers, as they can be non-responsive to β-agonists that may be required to reverse a systemic reaction
- Have active inflammatory conditions in the oral cavity, e.g., oral lichen planus with ulcerations, severe oral candidiasis, dental extraction
- Have a history of eosinophilic esophagitis

Most serious warnings and precautions:

Systemic allergic reactions: As with other immunotherapy treatments, potentially life threatening systemic allergic reactions may occur. Treatment of severe allergic reactions may require the administration of epinephrine, antihistamines, inhaled bronchodilators and/or systemic corticosteroids.

Medical supervision: The first tablet of ITULATEK® must be taken at the physician's office under medical supervision and the patient must be monitored for at least 30 minutes.

Other relevant warnings and precautions:

- No data are available on the effect of vaccination
- No data in patients previously administered epinephrine for a severe systemic allergic reaction
- Risk of potentiating effects of epinephrine in patients treated with tricyclic antidepressants and MAOIs
- Should not be initiated in pregnant women
- Should be used with caution in patients with previous severe systemic reactions to any birch immunotherapy taken by mouth
- Discontinue use in patients with local swelling which is severe or may increase in severity over time
- Discontinue use immediately in patients developing clinical evidence of a severe systemic or severe local allergic reaction
- Educate patients about symptoms of a severe allergic reaction and self-injection of epinephrine
- Interrupt treatment until healing in patients with oral inflammation or oral wounds
- Stop treatment in asthmatic patients with difficulty breathing or inadequately controlled asthma
- No clinical data in nursing women; excretion in human milk unknown
- Discontinue ITULATEK® and consider a diagnosis of eosinophilic esophagitis in patients who experience severe or persistent gastro-esophageal symptoms including dysphagia or chest pain

Important safety information (continued)

Pr GRASTEK®
Timothy Grass Pollen Allergen Extract
Tablet for Sublingual Use 2800 BAU

Contraindications:

- Patients who have previously had a severe systemic allergic reaction to Timothy or related grass immunotherapy
- Patients with unstable, severe chronic or severe seasonal asthma (FEV_1 <70% of predicted value after adequate pharmacologic treatment in adults; <80% in children)
- Are taking β-blockers, as they can be non-responsive to β-agonists that may be required to reverse a systemic reaction
- Have active inflammatory conditions in the oral cavity, e.g., oral lichen planus with ulcerations, severe oral candidiasis, dental extraction

Most serious warnings and precautions:

Systemic allergic reactions: including life-threatening anaphylactic shock and severe local allergic reactions, have been observed in patients receiving GRASTEK®, and may require emergency administration of epinephrine, antihistamines, bronchodilators or systemic corticosteroids.

Medical supervision: The first tablet of GRASTEK® must be taken at the physician's office under medical supervision and the patient must be monitored for at least 30 minutes.

Administration in pediatric patients: Extra precautions must be taken while treating pediatric patients, including: each administration of GRASTEK® must be given under direct adult supervision for at least 30 minutes.

Other relevant warnings and precautions:

- Effect of vaccination
- No data in patients previously administered epinephrine for a severe systemic allergic reaction
- Risk of potentiating effects of epinephrine in patients treated with tricyclic antidepressants and MAOIs
- Should not be initiated in pregnant women
- Should be used with caution in patients with previous severe systemic reactions to any grass immunotherapy or severe local or systemic reactions to grass immunotherapy taken by mouth
- Discontinue use in patients with local swelling which is severe or increases in severity over time
- Discontinue use immediately in patients developing clinical evidence of a severe systemic or severe local allergic reaction
- Educate patients about symptoms of a severe allergic reaction and self-injection of epinephrine
- Interrupt treatment until healing in patients with oral inflammation or oral wounds
- Discontinue use in asthmatic patients with difficulty breathing or inadequately controlled asthma
- No clinical data in nursing women; excretion in human milk unknown
- Limited data in patients >65 years of age

Pr RAGWITEK®
Standardized Allergen Extract,
Short Ragweed (*Ambrosia artemisiifolia*)

Clinical use:

- Safety and efficacy has not been established in pediatric patients <5 years of age
- No efficacy or long-term safety data in patients >50 years of age

Contraindications:

- Patients who have previously had a severe systemic allergic reaction to short ragweed immunotherapy
- Patients with unstable, severe chronic or severe seasonal asthma (FEV_1 <70% of predicted value after adequate pharmacologic treatment)
- Are taking β-blockers, as they can be non-responsive to β-agonists that may be required to reverse a systemic reaction
- Have active inflammatory conditions in the oral cavity, e.g., oral lichen planus with ulcerations, severe oral candidiasis, dental extraction

Most serious warnings and precautions:

Systemic allergic reactions: Including severe local allergic reactions, have been observed in patients receiving RAGWITEK®, and may require emergency administration of epinephrine, antihistamines, bronchodilators or systemic corticosteroids.

Medical supervision: The first tablet of RAGWITEK® must be taken at the physician's office under medical supervision and the patient must be monitored for at least 30 minutes.

Administration in pediatric patients: Extra precautions must be taken while treating pediatric patients, including: each administration of RAGWITEK® must be given under direct adult supervision for at least 30 minutes.

Other relevant warnings and precautions:

- No data are available on the effect of vaccination
- No data in patients previously administered epinephrine for a severe systemic allergic reaction
- Risk of potentiating effects of epinephrine in patients treated with tricyclic antidepressants and MAOIs
- Should not be initiated in pregnant women
- Should be used with caution in patients with previous severe systemic reactions to any weed subcutaneous immunotherapy or severe local or systemic reactions to any weed immunotherapy taken by mouth
- Discontinue use in patients with local swelling which is severe or may increase in severity over time
- Discontinue use immediately in patients developing clinical evidence of a severe systemic or severe local allergic reaction
- Educate patients about symptoms of a severe allergic reaction and self-injection of epinephrine
- Interrupt treatment until healing in patients with oral inflammation or oral wounds
- Discontinue use in asthmatic patients with difficulty breathing or inadequately controlled asthma
- No clinical data in nursing women; excretion in human milk unknown
- Discontinue RAGWITEK® and consider a diagnosis of eosinophilic esophagitis in patients who experience severe or persistent gastro-esophageal symptoms including dysphagia or chest pain

For more information:

Please consult the ACARIZAX® Product Monograph at https://pdf.hres.ca/dpd_pm/00057055.PDF, the ITULATEK® Product Monograph at https://pdf.hres.ca/dpd_pm/00060668.PDF, the GRASTEK® Product Monograph at https://pdf.hres.ca/dpd_pm/00039371.PDF, or the RAGWITEK® Product Monograph at https://pdf.hres.ca/dpd_pm/00059607.PDF for important information relating to contraindications, warnings, precautions, adverse reactions, interactions, dosing and conditions of clinical use which have not been discussed in this piece.

More options for more allergy patients in your practice

ALK offers SLIT-tablet options that...

- Treat allergens that are prevalent in Canada[2]
- Provide a consistent administration routine for patients that can be done without medical supervision after the first dose[1,4,7,9]
- May help more patients find allergy relief[3]

For more information or starter packs, contact your ALK representative today, call ALK customer service at **1-800-663-0972**, or email us at **CA-customerservice@alk.net**

SLIT=sublingual immunotherapy.

References: 1. ACARIZAX®. Canadian product monograph. ALK-Abelló A/S; Rev. 2021. **2.** Chan-Yeung M, Anthonisen NR, Becklake MR, et al. Geographical variations in the prevalence of atopic sensitization in six study sites across Canada. *Allergy*. 2010;65(11):1404-1413. doi:10.1111/j.1398-9995.2010.02399.x **3.** Data on file, ALK-Abelló Pharmaceuticals, Inc.: Mississauga, Ontario, Canada. **4.** ITULATEK®. Canadian product monograph. ALK-Abelló A/S; Rev. 2021. **5.** Sierra-Heredia C, North M, Brook J, et al. Aeroallergens in Canada: distribution, public health impacts, and opportunities for prevention. *Int J Environ Res Public Health*. 2018;15(8). doi:10.3390/ijerph15081577 **6.** Robichaud A, Comtois P. Environmental factors and asthma hospitalization in Montreal, Canada, during spring 2006-2008: a synergy perspective. *Air Qual Atmos Health*. 2019;12:1495-1509. doi:10.1007/s11869-019-00744-2 **7.** GRASTEK®. Canadian product monograph. ALK-Abelló A/S; 2017. **8.** Maloney J, Bernstein DI, Nelson H, et al. Efficacy and safety of grass sublingual immunotherapy tablet, MK-7243: a large randomized controlled trial. *Ann Allergy Asthma Immunol*. 2014;112(2):146-153.e2. doi:10.1016/j.anai.2013.11.018 **9.** RAGWITEK®. Canadian product monograph. ALK-Abelló A/S; Rev. 2020. **10.** Breathe easy allergies. Asthma Canada. Accessed July 1, 2021. https://asthma.ca/wp-content/uploads/2020/06/BreatheEasy-Allergies_optimized_EN.pdf **11.** Pollen data provided by Aerobiology Research Laboratories: Ottawa, Ontario, Canada. **12.** Blaiss MS, Steven GC, Bender B, Bukstein DA, Meltzer EO, Winders T. Shared decision making for the allergist. *Ann Allergy Asthma Immunol*. 2019;122(5):463-470. doi:10.1016/j.anai.2018.08.019

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