ALLERGOVIT®

Fast and long-lasting effect 1-4,*,**



ALLERGOVIT® is a hypoallergenic, high-dose⁵ preparation (allergoid) for subcutaneous allergen immunotherapy (SCIT) in pollen allergies. ALLERGOVIT® is available in several dosage regimens, depending on the therapy preferences you have agreed with your patient. You have a choice between a longer escalation scheme of 7 injections⁶ for highly sensitized patients, or a shorter scheme of 4 injections⁶ (adult patients allergic to grasses, cereals and/or fagales pollen). You also have the

option to escalate with strength B exclusively⁶ (children, adolescents and adults allergic to grass and cereal pollen). During maintenance treatment, ALLERGOVIT® offers a maximum of flexibility with injection intervals of 4 to 8 weeks⁶. The treatment has a proven efficacy in the first pollen season^{1,2,*} as well as 15 years of long-term effect^{3,4,**}. ALLERGOVIT® is one of the most widely used pollen-preparations for allergen immunotherapy.





✓ Well-tolerated
in clinical and everyday practice^{6,7}

Allergen sources available for the therapy of pollen allergies

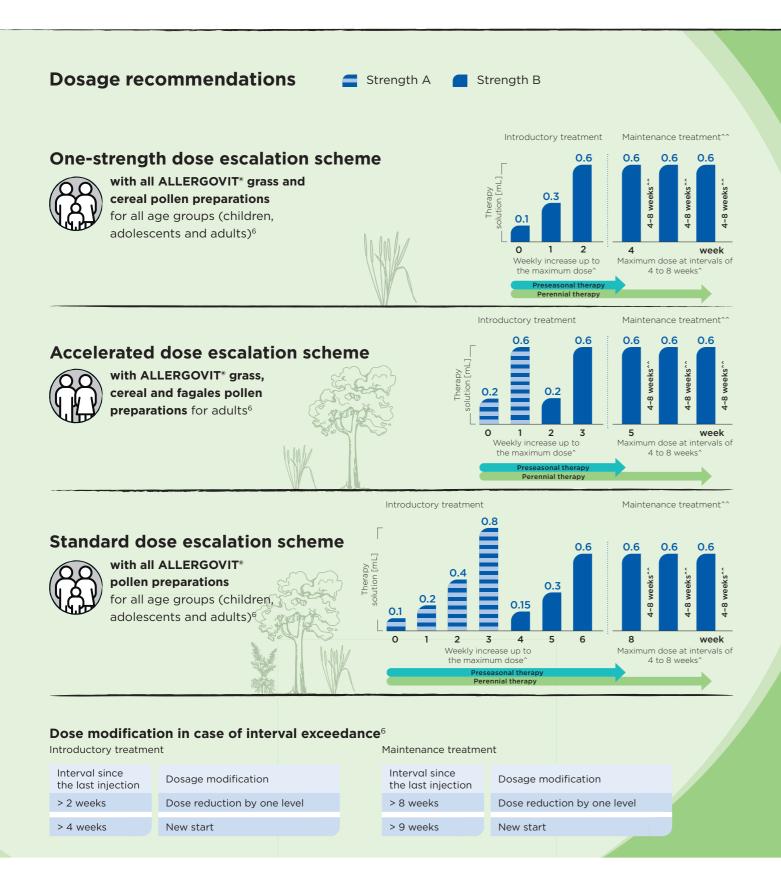
Single allergen sources					Mixtures					Mixtures				
ALLERGOVIT®					ALLERGOVIT®					ALLERGOVIT®				
Grasses/cereals				015	Grasses/cereals	1	00%		108	Birch		35%		
006	Grasses	10	0%			006 Grasses		55%		115	Alder		30%	
	133 Velvet grass	-				121 Barley		10 %		121	Hazel		35%	
	140 Orchard grass		ts			126 Oat		10 %						
	157 Rye grass		in equal parts			158 Rye		15 %	115 Al	Alder		50%		
	177 Timothy grass		ednai			173 Wheat		10 %		121	Hazel		50%	
	178 Kentucky blue grass		in											
	179 Meadow fescue				006	Grasses		60%		006	Grasses		50%	
					158	Rye		40%		151	Olive tree		50%	
Tree														
	Birch	10	100%		006	Grasses		60%		108	Birch		50%	
151	Olive tree	10			108	Birch		20%		151	Olive tree		50%	
131	Olive tree	10	0 %		158	Rye		20%						
Wee	ds													
	Mugwort	10	100%		006	Grasses		60%						
100	_				106	Mugwort, common		20%						
123	Wall pellitory	10	0%		158	Rye		20%						
154	Short ragweed	10	100%											
169	English plantain	10	00%		006	Grasses		60%						
					158	Rye		20%						
					169	English plantain		20%						



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 $Strength \ A: 1000 \ TU/mL, Strength \ B: 10000 \ TU/mL. \ The standardization is measured in \ TU \ (the rapeutic units).$

^ The dosage is decided on the basis of the patient's tolerance. ^^ Pre-seasonal: Continuation treatment until approx. 1 week before the start of the pollen season. Perennial: Observe dose reduction during pollen season. Not required with ALLERGOVIT* for tree pollen, grass pollen and cereal pollen in adults. For further information please see summary of product characteristics or basic information (page 3)

* With Allergovit® grasses and Allergovit® birch; refers to the combined symptom-medication score.** In adults, the reduction in the symptom-medication score was retained 6 years after termination of AIT with Allergovit® grasses. In children, symptoms and use of medication were still reduced 12 years after termination of AIT with Allergovit® grasses compared to a control group.

Strength B may be used for maintenance treatment or for introductory treatment if one-strength dose escalation scheme is used.

allergepharma





Note

This information about Allergopharma products, dosage recommendations and the availability of allergen sources may vary from country to country. For specific information, please contact your local distributor.

ALLERGOVIT® POLLEN PREPARATION

Composition: Chemically modified allergen extracts (allergoids) from pollen for allergen immunotherapy / hyposensitization, adsorbed to aluminium hydroxide, preserved with phenol and suspended in physiological saline solution with sodium hydrogen carbonate; water for injection. Standardization is indicated in TU (therapeutic units). Strength A: 1000 TU/mL; strength B: 10 000 TU/mL

Indications: Causal treatment of allergic (IgE-mediated) diseases, such as allergic rhinitis, allergic conjunctivitis, allergic bronchial asthma etc., triggered by exposure to unaveidable allergons.

Contraindications: Hypersensitivity to any of the excipients, uncontrolled asthma, irreversible changes in the reaction organ, inflammatory/febrile diseases, severe acute or chronic diseases (e.g. malignant diseases, active tuberculosis), clinically significant cardiovascular insufficiency - in cardiovascular diseases, there is an increased risk of adverse reactions to adrenaline, treatment with beta-blockers (local, systemic), diseases of the immune system (autoimmune diseases, immune complex-induced immunopathies, immunodeficiencies, multiple sclerosis etc.), severe mental disorders.

Side effects: Local and/or systemic reactions (up to anaphylactic shock) must be expected, then stop injection immediately. Hypersensitivity; anaphylactic reaction; anaphylactic shock; drug intolerance; conjunctival oedema; conjunctival disorder; conjunctivitis (allergic); eye pruritus; eye irritation; mydriasis; visual impairment; conjunctival hyperaemia; ocular hyperaemia; swelling of eyelid; eyelid oedema; face oedema; angioedema; oral pruritus; swollen tongue; lip swelling; laryngeal oedema; glossodynia; dysphagia; gastrointestinal disorder; abdominal pain; nausea; diarrhoea; vomiting; increased appetite; weight increased; salivary hypersecretion; at the injection site: erythema, pruritus, swelling, pain, discolouration, reaction, rash, urticaria, warmth, discomfort, eczema, erosion, granuloma, nodule, haematoma, haemorrhage, hypersensitivity, hypoaesthesia, induration, oedema, vesicles, cellulitis, paraesthesia, scar; local reaction; malaise; asthenia; discomfort; paraesthesia; inflammation; pyrexia;

feeling hot; feeling of body temperature change; chills; hyperhidrosis; headache migraine; dizziness; vertigo; tachycardia; palpitations; chest discomfort; loss of consciousness; syncope; cold sweat; anxiety; restlessness; tiredness; somnol insomnia; sensation of foreign body; flushing; burning sensation; tremor; pain; flank pain; pain in extremity; arthralgia; swelling; peripheral swelling; oedema peripheral; nasopharyngitis; rhinitis (allergic); nasal pruritus; nasal congestion; oropharyngeal pain; rhinorrhoea; increased upper airway secretion; asthma; asthmatic crisis; bronchospasm; tachypnoea; respiratory distress; cough; pseudocroup; dyspnoea syanosis; sneezing; throat irritation; throat tightness; stridor; wheezing; forced expiratory volume decreased; peak expiratory flow rate decreased; blood pressure diastolic increased: blood pressure systolic increased: blood pressure decreased orthostatic hypotension; urinary incontinence; dermatitis atopic; dermatitis allergic; neurodermatitis; scleroderma; (generalized) erythema; granuloma skin; blister; pruritus (generalized); rash (generalized); urticaria (chronic); eczema; haematoma lymphoedema. When using the dosage scheme with an accelerated dose increase (4 njections, only for adults, grass and cereal pollen and tree pollen), side effects can occur more frequently than with the escalation treatment according to the standard scheme. The side effects mostly only appear 30 minutes after the injection. The systemic reactions are mild and not more pronounced in severity than in the standard scheme. When using the one-strength dose escalation scheme (3 injections, only for grass and cereal pollen), side effects can occur more frequently than when using the standard scheme. In addition, these occur at an earlier time in the dose escalation phase compared to the standard scheme. The severity of the systemic reactions is not more pronounced than in the standard scheme.

For additional information on doses, administration etc. see package insert. The general classification for supply depends on local requirements.

Date of information: May 2020

References

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- Hoheisel G, Martin E, Jaeschke B, Thum-Oltmer S. Hypoallergenic high-dose immunotherapy proves effective and safe in a multicentre surveillance study. Allergo J 2012; 21: 294–301.

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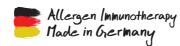
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