

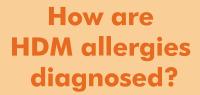
House Dust Mite (HDM) Respiratory Allergy¹

 House dust mites are common causes of allergies, and are often found in household furniture such as:



- The waste products of house dust mites can cause allergic reactions that may present as allergic rhinitis and/or allergic asthma. This is known as "respiratory allergy".
- People who are sensitive to house dust mites usually experience symptoms of respiratory allergy throughout the year.







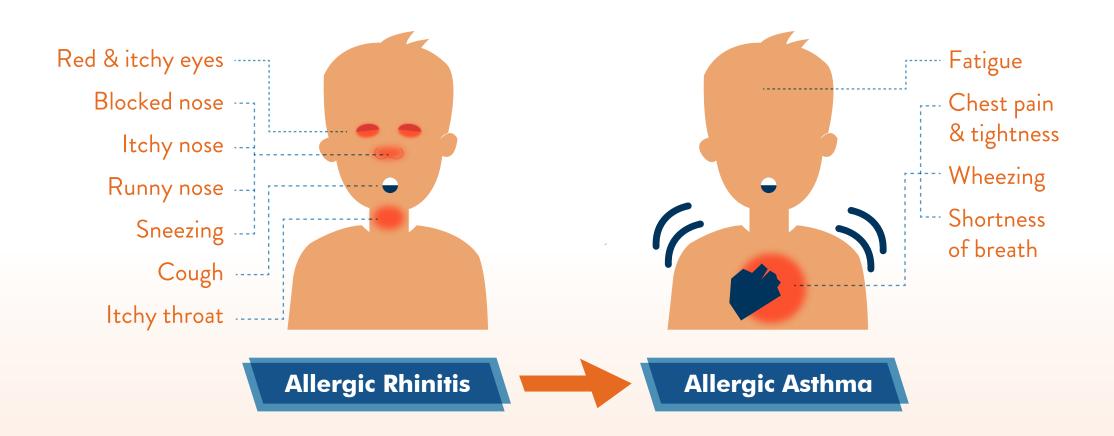
Skin prick test



Specific IgE blood test

House Dust Mite (HDM) Respiratory Allergy – Symptoms^{1,2}





Patients with poorly controlled Allergic Rhinitis may develop Allergic Asthma.

Treatment of HDM Respiratory Allergy



Allergen Avoidance³

Some measures to avoid house dust mites include:

- Using dust mite-resistant bedding covers
- Washing bedding in hot water (60°C)
- Vacuuming with a high-efficiency particulate air (HEPA) filter
- Reduce exposure to house dust mites.
- Unable to completely prevent exposure to house dust mites.
- Inconvenient to implement in the long term.



Medications⁴

Medicines like antihistamines and corticosteroid nasal sprays can help reduce the symptoms of allergy.

- Relieves allergy symptoms such as runny or blocked nose.
- Symptoms may return once medication is stopped.
- Does not treat the underlying cause of house dust mite allergy.



Allergen Immunotherapy (AIT)^{5,6}

AIT involves administering controlled amounts of HDM allergen extract regularly to increase the body's tolerance to HDM.

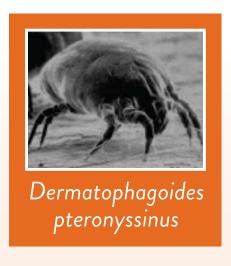
- The ONLY treatment that targets the underlying cause of house dust mite allergy.
- Reduces / stops symptoms after treatment is stopped.
- Requires 3 years of treatment to achieve disease modification.

Allergen immunotherapy with ACARIZAX®7



ACARIZAX®:

- Is the first and only sublingual immunotherapy tablet for HDM respiratory allergy.
- Is used to treat both allergic rhinitis and allergic asthma caused by HDM.
- Contains highly standardized quantities of house dust mites species,
 Dermatophagoides pteronyssinus and Dermatophagoides farinae.







Allergen immunotherapy with ACARIZAX®7



ACARIZAX® is indicated in:

- Adults (18-65 years) diagnosed by clinical history and a positive test of HDM sensitisation (skin prick test and/or specific IgE) with at least one of the following conditions:
 - ✓ persistent moderate to severe HDM Allergic Rhinitis despite use of symptom-relieving medication
 - ✓ HDM Allergic Asthma not well controlled by inhaled corticosteroids and associated with mild to severe HDM allergic rhinitis.
- Adolescents (12-17 years) diagnosed by clinical history and a positive test of HDM sensitisation (skin prick test and/or specific IgE) with persistent moderate to severe HDM Allergic Rhinitis despite use of symptom-relieving medication.



Allergen immunotherapy with ACARIZAX® - Benefits^{7,8}





Proven Efficacy

- Reduces symptoms of allergic rhinitis
- Reduces asthma severity and risk of exacerbation
- Reduces need for symptom relieving medications



Convenient

- Does not require refrigeration
- Easy to bring along when travelling



Easy to Administer

- Fast-dissolving tablet
- Does not require up-dosing



High manufacturing standards

 Every tablet contains high fixed concentrations of the HDM major allergens



Cost-effective

 Reduces the need for symptom relieving medications in the long term



Proven Safety Profile

 Well-tolerated and safe treatment, with mild to moderate local side effects

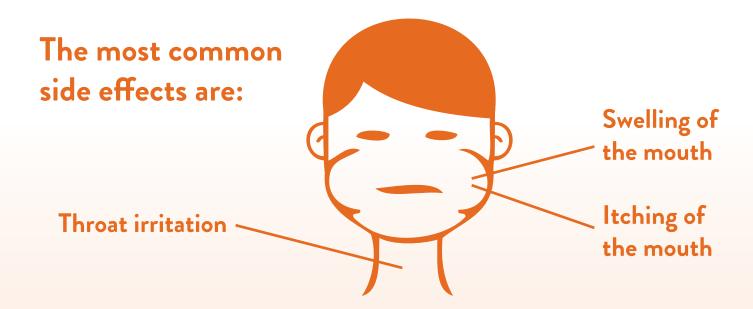
ACARIZAX® - Potential side effects⁷





ACARIZAX® contains the house dust mite allergen that you are allergic to, so some side effects may occur during your treatment.

These side effects are usually local and mild to moderate.



Side effects usually peak in weeks 2 and 3 of treatment, and subside by week 4.

ACARIZAX® - Managing side effects⁷





Antihistamines can be taken 1 hour before ACARIZAX® to manage side effects, and they do not affect the efficacy of ACARIZAX®.

Side effects usually subside when you persist with treatment, as your body builds up tolerance to the HDM allergen over time.

ACARIZAX® - Taking the first tablet⁷



Your doctor will give you the first tablet of ACARIZAX® under medical supervision, and monitor you for at least 30 minutes.

This gives you the opportunity to discuss any potential side effects with your doctor, nurse or pharmacist.

When will I start to feel better?





8-14 weeks

ACARIZAX® works by increasing your body's tolerance to the HDM allergen, and gradually reduces or stops your allergic symptoms.

Response to treatment varies from patient to patient, and you may need to take ACARIZAX® daily for at least 8 - 14 weeks before you start to see an improvement in symptoms.

You will continue to see benefits over time.





How long should I continue taking ACARIZAX®?7

International treatment guidelines recommend taking the tablet for a minimum of 3 years to achieve the full effect of treatment, or disease modification.

Do not stop taking the tablet without consulting your doctor, even if you feel better.



Useful tips to remember to take your medicine:





Set up a reminder / alert on your phone



Leave yourself reminder notes

ACARIZAX®

- Administration instructions^{7,8}





Tear off the strip marked with triangles at the top of the pack.



Tear a square off the pack along the perforated lines.



To remove the tablet, fold back the marked corner of the foil and pull it off.



Remove the tablet carefully from the foil, with dry hands.



Place the tablet under the tongue, allowing it to remain there until it has fully dissolved.



Do not swallow for 1 minute and do not eat or drink for at least 5 minutes.

References

1. Dust Mite Allergy. Updated by Asthma and Allergy Foundation of America. Available from: https://www.aafa.org/dust-mite-allergy. Accessed on 17 December 2019. 2. Settipane, Russell A. "Complications of allergic rhinitis." Allergy and Asthma Proceedings. Vol. 20. No. 4. Oceanside Publications, 1999. 3. Cipriani, Francesca, Elisabetta Calamelli, and Giampaolo Ricci. "Allergen avoidance in allergic asthma." Frontiers in pediatrics 5 (2017): 103. 4. Calderón, Moisés A., et al. "House dust mite respiratory allergy: an overview of current therapeutic strategies." The Journal of Allergy and Clinical Immunology: In Practice 3.6 (2015): 843-855. 5. What do you need to know about Allergy tablets? Available from: https://www.aaaai.org/conditions-and-treatments/library/allergy-library/allergy-tablets. Accessed on 19 December 2019. 6. Masuyama, Keisuke, et al. "Efficacy and safety of SQ house dust mite sublingual immunotherapy-tablet in Japanese children." Allergy 73.12 (2018): 2352-2363. 7. ACARIZAX Singapore Product Information (Approved 05 Jun 2017). 8. ACARIZAX Product Monograph.



Abbreviated Acarizax® Product Information (Approved 05 Jun 2017): Indications: ACARIZAX is indicated in adolescents and adults (12 – 65 years) for persistent moderate to severe house dust mite (HDM) allergic rhinitis despite use of symptom-relieving medication. It is also indicated in adults (18 – 65 years) for HDM allergic asthma not well controlled by inhaled corticosteroids and associated with mild to severe HDM allergic rhinitis. Patients' asthma status should be carefully evaluated before the initiation of treatment. Contraindications: hypersensitivity to active ingredients or excipients; postpone in asthmatics with acute respiratory tract infection; FEV, < 70% predicted value after pharmacological treatment; severe asthma exacerbation within last 3 months; autoimmune diseases, immunodeficiencies, immunosuppression or malignant neoplastic disease; acute severe oral inflammation or oral wounds, Precautions: Not a treatment for asthma exacerbations. Use SABA if required. Discontinue in the event of severe systemic allergic reactions which may be treated with adrenaline. Postpone treatment in patients with severe oral inflammation or recent oral surgery. Use with caution if existing eosinophilic oesophagitis or autoimmune disorders in remission. Dosage and administration: 1 oral lyophilisate daily, under the tongue. Observe after first dose for 30 minutes. Do not swallow for 1 minute. Do not eat or drink for 5 minutes. Patients should have confirmed clinical history and positive test of HDM sensitisation (specific IgE and/or skin prick test). Use in children: Not recommended for use in children <18 yrs for allergic asthma indication. Interactions: None identified. Adverse events: Very common; mouth oedema, oral pruritus, nasopharyngitis, throat irritation. Common; ear pruritus, oral paraesthesia, tongue pruritus, bronchitis, pharyngitis, upper respiratory infection, asthma, laryngitis, rhinitis, sinusitis, eye pruritus, dysphonia, dyspnoea, oropharyngeal pain, pharyngeal oedema, abdominal pain, diarrhoea, dry







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For healthcare professionals only. Full prescribing information is available upon request.