APPENDIX I

SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE DRUG

ALBEY YELLOW JACKET VENOM *Vespula spp*. 120 microgram powder and solvent for solution for injection

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

YELLOW JACKET venom: quantity corresponding in protein to 120 micrograms for one vial of powder.

Each vial contains 100 µg/mL of venom after reconstitution of the solution with 1.2 mL of solvent.

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Powder and solvent for solution for injection.

Powder: white to slightly yellowish.

Solvent: colorless solution. Aggregates or flocculates may be observed. pH= 6.3–7.7.

4. CLINICAL DATA

4.1. Therapeutic indications

ALBEY YELLOW JACKET VENOM *Vespula spp*. 120 micrograms is indicated for:

- Diagnosis of hypersensitivity to YELLOW JACKET venom.
- Venom immunotherapy treatment for subjects allergic to YELLOW JACKET venom.

This treatment is based on the combination of positive diagnostic tests and a case history of severe systemic reactions.

ALBEY YELLOW JACKET VENOM *Vespula spp*. 120 micrograms is indicated in adults, adolescents and children over 2 years of age. The risk/benefit of allergenic immunotherapy with Hymenoptera venoms should be carefully evaluated before initiating treatment in children aged 2 to 5 years.

4.2. Dosage and method of administration

The use of ALBEY YELLOW JACKET VENOM *Vespula spp.* 120 micrograms should be supervised by a physician experienced in allergology and allergen immunotherapy. See section 4.4.

Reconstitution of the solution and dilution

The solution is reconstituted by adding 1.2 mL of solvent to the contents of a powder vial.

Mix gently until completely dissolved by turning the vial over several times. Do not shake to avoid the formation of foam.

The concentration obtained in the vial is 100 µg/mL.

To obtain a concentration 10 times lower (10 µg/mL), take a volume of 0.2 mL of the reconstituted solution and inject it into the vial containing 1.8 mL of solvent. This operation can be repeated to obtain successive 1:10 dilutions. Additional solvent vials are supplied separately if required, depending on the dilutions used.

Before taking the dose to be injected, be sure to turn the vial over several times to mix its contents thoroughly, without shaking to avoid the formation of foam. For instructions on reconstitution and the dilution schedule of the medicinal product prior to administration, see section 6.6.

Dosage and method of administration

Use for diagnostic testing

. Prick-test: the usual concentration used is 100 µg/mL.

. Intradermal reaction test: the test will be carried out by injecting 0.02 to 0.03 mL of a venom solution diluted to 0.001 µg/mL intradermally. In case of a negative response, repeat the injection using a concentration 10 times higher until a positive skin reaction is obtained, without exceeding a maximum concentration of 1 µg/mL. In some cases, especially for patients who are particularly sensitive to YELLOW JACKET venom, it is prudent to start the tests at a concentration of 0.0001 µg/mL.

The patient will be kept under medical supervision for at least 30 minutes after a diagnostic test.

There is a refractory period of at least two weeks following a systemic allergic reaction to a Hymenoptera sting, during which it is possible to observe a false-negative result of a skin test. However, this period may be extended. In addition, it may be preferable to perform the test 4 to 6 weeks after the allergic reaction to the sting in order to avoid the possibility of a false negative.

Use for allergenic immunotherapy with Hymenoptera venoms

Strict subcutaneous route.

Do NOT inject intravenously.

The product will be injected slowly, subcutaneously, on the outer side of the arm or into the deltoid region, taking care not to inject intravenously (for this purpose, proceed with a slight prior aspiration which may be repeated every 0.2 mL during the slow injection).

Before each injection, carefully check the nature of the allergen used, the dosage, the volume and the date of the previous injection (interval between each injection).

The patient should be kept under medical supervision for a minimum of 30 minutes after each injection.

The patient should be warned of factors that could trigger allergic reactions on the day of the injection: intense sports, hot baths, heavy meals and alcohol consumption are not recommended on the day of the injection.

In the event of a febrile episode, signs of infection, or inflammatory disease, it is recommended that injections be suspended until the condition is resolved.

In cases of severe atopic dermatitis, it is recommended that the condition be treated prior to initiating allergen immunotherapy. The injections should be suspended in case of acute exacerbations.

In patients with asthma, the injection should be postponed in case of acute exacerbation until 24 to 48 hours after resolution of respiratory symptoms.

The conduct of allergenic immunotherapy with Hymenoptera venoms must be regularly recorded in the follow-up notebook that the patient must keep.

Dosage regimens:

Allergen immunotherapy with ALBEY YELLOW JACKET VENOM *Vespula spp.* includes an initiation phase (gradual increase in doses) followed by a maintenance phase.

a. Treatment initiation phase

The protocol for reaching the maintenance dose will be adapted by a physician experienced in allergology and allergen immunotherapy, according to the clinical condition and tolerance of the patient. The progression of the doses, the volume of the product injected as well as the frequency of the injections depend on the specific reactivity of each individual, taking into account the fact that the risk of occurrence of systemic adverse effects is lower with a slow progression of doses.

Regardless of the dose progression protocol used, the initiation of treatment should be carried out under strict supervision in a hospital setting.

The time frames for reaching the maintenance dose depend on the method used:

- in a few hours (Ultrarush) or a few days (Rush),
- over a few weeks: so-called “cluster” regimen or conventional method.

The dose progression regimens for the following protocols are from the literature and are proposed for information purposes only:

PROTOCOLS					
		ULTRA-RUSH	RUSH	CLUSTER	CONVENTIONAL
Day	Time	Dose of venom in µg			
D 1	0 0.5 1 1.5 2.5 3.5	0.1 1 10 20 30 40	0.01 0.1 1 2	0.001 0.01 1	0.01 0.1
D 2	0 1 2 3		4 8 10 20		
D 3	0 1 2		40 60 80		
D 4	0		100		
D 8	0 1 2		100	1 5 10	1 2
D 15	0 1	50 50	100	20 30	4 8
D 22	0 1			50 50	10 20
D 29			100	100	40
D 36				100	60
D 43 or D 45		100	100		80
D 50					100
D 57					100
D 64				100	
D 71 or D 75		100	100		100
D 85					100
D 92				100	
D 99 or D 105		100	100		
D 106					100

b. Maintenance treatment phase:

The recommended maintenance dose is 100 µg of venom extract. It can be increased to 200 µg in particular for patients who are insufficiently protected by 100 µg. It may be lower depending on the patient's tolerance.

Allergen immunotherapy with Hymenoptera venoms can be continued for at least 3 to 5 years, or longer in some cases. Indicatively, the maintenance dose is injected every 4 weeks during the first year, every 6 weeks during the second year, and every 8 weeks in the following years. In case of prolonged treatment beyond 5 years, the interval between each booster may be increased to 3 months.

Interruption of treatment or exceeding the recommended times between 2 injections (not related to the occurrence of side effects):
Allergen immunotherapy with Hymenoptera venoms requires strict adherence to the protocol.
In the event of interruption of treatment, a precise protocol for the resumption of treatment is not defined.
The prescribing physician will adapt the modalities for resuming treatment according to each clinical case and the length of time elapsed since the last injection. A gradual recovery phase may be necessary to return to the maintenance dose.
Strict supervision in a hospital setting is required when treatment is resumed.

Adjustment when adverse reactions occur:
In case of a systemic adverse reaction occuring during the initial phase with stepwise dose escalation, it may be necessary to reevaluate the treatment regimen. For example, it is possible to resume the protocol with the injection of the last or second last well tolerated venom dose by increasing the subsequent doses more slowly. Premedication with H1 antihistamines can be established.

If a significant local reaction occurs at the injection site, the dose may be divided into two injections or at two different injection sites.

These local reactions at the injection site are common but they are not predictive of a general reaction. An anti-histamine treatment taken a few hours before the injection may help to reduce their occurrence.

Paediatric population

The recommended treatment regimens are the same for adults, adolescents and children over 2 years of age.

Little data is available for children under 5 years of age.

The benefit-risk balance should be carefully assessed before initiating yellow jacket venom immunotherapy in a children aged 2 to 5 years.

Allergen immunotherapy with Hymenoptera venoms is contraindicated in children under 2 years of age (see section 4.3.).

4.3. Contraindications

- Hypersensitivity to any of the excipients listed in section 6.1,
- Unusual reactions (renal, muscular, cutaneous, neurological, haematological and articular) after a Hymenoptera sting,
- Progressive or poorly controlled autoimmune diseases,
- Uncontrolled or severe asthma (FEV< 70% of the theoretical value),
- Children under 2 years

The initiation of allergenic immunotherapy with Hymenoptera venoms is contraindicated during pregnancy due to the risk of systemic effects.

4.4. Special warnings and precautions for use

Moderate systemic reactions that occur after Hymenoptera bites, such as hives or angioedema with no respiratory component, are not formal indications for immunotherapy. For patients with an associated risk factor for a Hymenoptera sting or whose quality of life is seriously impaired by the fear of being stung by a YELLOW JACKET, the use of immunotherapy may however be considered if the diagnostic IgE tests are positive.

Risk of severe systemic effects:

Because of the risk of severe systemic allergic reactions that may be life-threatening, any injection of this medication must be carried out under the supervision of a doctor experienced in allergenic immunotherapy and under conditions that allow the establishment of emergency treatment (including injectable adrenaline for the management of possible anaphylactic shock). Patients should be advised

of associated signs and symptoms requiring immediate medical advice. In the event of a systemic reaction, the continuation of allergen immunotherapy should be re-evaluated by the physician.

Asthma patients:

As with any allergen immunotherapy treatment, it is necessary to check, before each injection, that asthma is well controlled.

In the event of a recent exacerbation of asthma, assessed by the clinic and/or the measurement of Peak Expiratory Flow (PEF) and/or Forced Expiratory Volume in one second (FEV1), treatment should be suspended. It will only be resumed after improvement and advice from the prescribing physician.

Monitoring of patients at cardiovascular or bronchopulmonary risk:

Because of the increased risk in the event of a systemic reaction to the injection, allergenic immunotherapy with Hymenoptera venoms should be carried out under strict supervision in a hospital environment in patients with associated risk factors such as cardiovascular and/or bronchopulmonary pathologies. These underlying pathologies must be stabilised before the initiation of treatment with allergenic immunotherapy with Hymenoptera venoms.

Mastocytosis:

The risk of severe systemic reactions is increased in patients with mastocytosis and/or high tryptasemia > 20 ng/mL. In addition, the effectiveness of allergenic immunotherapy with Hymenoptera venoms may be reduced in these situations compared to the general allergic population. Allergen immunotherapy with Hymenoptera venoms in these patients should be carried out under strict supervision in a hospital setting.

Concomitant treatments:

Tricyclic antidepressants, monoamine oxidase inhibitors (MAOIs), or COMT inhibitors:
In the case of severe allergic reactions, the use of adrenaline may be necessary. In patients treated with tricyclic antidepressants, monoamine oxidase inhibitors (MAOIs), or COMT (catechol-O-methyltransferase) inhibitors, which may increase plasma levels of adrenaline, the risk of adrenaline-related side effects may be increased to the point of life threatening. This risk should be taken into consideration before starting allergenic immunotherapy with Hymenoptera venoms.

Beta-blockers:

Beta-blockers (including eye drops) interact with adrenaline and its use may be less effective in treating possible anaphylactic reactions. This risk should be evaluated before initiating allergenic immunotherapy with Hymenoptera venoms.

Angiotensin converting enzyme inhibitors (ACE inhibitors):

Angiotensin converting enzyme inhibitors (ACE inhibitors) inhibitors have been associated with an increased risk of serious reactions following stings or allergen immunotherapy treatment with Hymenoptera venoms. The possibility of discontinuation of ACE inhibitors during allergenic immunotherapy with Hymenoptera venoms should be considered. The concomitant administration of allergenic immunotherapy with Hymenoptera venoms and an ACE inhibitor may be justified in cases where no effective alternative to ACE inhibitors exists and is considered favourable from an individual risk/benefit point of view.

If it is absolutely necessary to maintain these treatments in patients in whom allergenic immunotherapy with Hymenoptera venoms is considered, the benefit-risk balance of the indication of this allergenic immunotherapy should be carefully evaluated and the treatment can only be carried out under strict supervision in a hospital environment.

Malignancies, immune defects, immunodeficiency, immunosuppression and autoimmune disease in remission:

Based on current knowledge, the effects of allergenic immunotherapy with Hymenoptera venoms in subjects with cancer or with acquired immune deficiency are not clearly documented. Concomitant treatment with immunosuppressive agents may reduce the effectiveness of allergen immunotherapy. In addition, caution is required when prescribing allergenic immunotherapy with Hymenoptera venoms in subjects with an autoimmune disease in remission.

Therefore, the risk/benefit ratio of the indication of allergenic immunotherapy with Hymenoptera venoms should be carefully assessed in these situations.

Excipients:

This medication contains sodium. The sodium level is less than 1 mmol per dose, which corresponds to a negligible quantity of sodium.

4.5. Interactions with other drugs and other forms of interactions

Drugs interfering with use in diagnostic testing

Some medications inhibit skin reactivity. It is therefore necessary to respect a period between taking such medications and carrying out skin tests. This precaution relates to oral H1 antihistamines and anti-IgE monoclonal antibodies, as well as other drugs that are not intended for the treatment of allergies, such as anxiolytics. Topical skin corticoids may alter skin reactivity.

Delay between the last dose of certain medications and the completion of a skin diagnostic test:

Treatment	**Impact on skin reactivity**	**Impact on the reading of the skin test**	**Time limit between taking the treatment and carrying out the skin test**
Oral H1 antihistamines	++++	Yes	2 to 11 days
Intranasal antihistamines: H1 antihistamines H2 antihistamines	 0 to + 0 to +	 Yes Yes	 3 to 10 days 1 day
Tricyclic antidepressants and tranquilisers Desipramine Imipramine and derivatives Doxepin	+ to ++++	Yes	2-21 days 2 days >10 days 6 to 11 days
Phenothiazines	0 to ++	Yes	10 days
Corticosteroids systemic — short term systemic — long term inhaled topical	 0 Possible 0 + to ++	 None None None Yes	 7 days
Anti-IgE monoclonal antibody	++++	Yes	6 weeks (false negative results may occur up to 1 year)
Dopamine	+	None	
Clonidine	++	None	
Montelukast	0	None	

Allergen immunotherapy	0 to ++	None	
Local anaesthetic	0 to +	Yes	1 hour before the test (only inhibits erythema)
Systemic treatment with UV light depending on the light source, more intense with PUVA	+++	Yes	4 weeks

Use for allergenic immunotherapy with Hymenoptera venoms

No specific drug or other interaction studies have been performed.

Vaccination: There are no studies documenting the effect of allergen immunotherapy on vaccination. As a precautionary measure, between 2 injections of Albey, it may be recommended to wait a period of 1 week before vaccination, and a period of 2 weeks after vaccination, except in cases of emergency.

Warnings and precautions for use with respect to concomitant treatments: see section 4.4.

4.6. Fertility, pregnancy and breastfeeding

Pregnancy

No animal reproduction studies have been conducted with ALBEY YELLOW JACKET *VENOM Vespula spp..*

There is no epidemiological study of the use of ALBEY YELLOW JACKET VENOM *Vespula spp*. in pregnant women.

The practice of skin diagnostic tests with ALBEY YELLOW JACKET VENOM *Vespula spp.* is not recommended during pregnancy in order not to expose the pregnant woman to the risk of a general allergic reaction.

In any case, allergenic immunotherapy with Hymenoptera venoms should not be commenced during pregnancy. Generally, the occurrence of pregnancy during allergen immunotherapy does not require discontinuation of treatment if it is well tolerated. However, since the risk of a systemic allergic reaction (anaphylactic shock) cannot be excluded even during the maintenance phase, the doctor will assess the validity of continuing allergenic immunotherapy with Hymenoptera venoms during pregnancy.

Breastfeeding

There is no data on the passage of ALBEY YELLOW JACKET VENOM *Vespula spp*. into breast milk.

No animal studies have been conducted to study the passage of ALBEY YELLOW JACKET VENOM *Vespula spp*. into breast milk.

The doctor will assess whether or not to discontinue treatment with ALBEY YELLOW JACKET VENOM *Vespula spp*. in view of the benefit of the treatment for the mother.

Fertility

Fertility studies have not been conducted with ALBEY YELLOW JACKET VENOM *Vespula spp*.

4.7. Effects on ability to drive and operate machinery

ALBEY YELLOW JACKET VENOM *Vespula spp.* has no or a negligible effect on the ability to drive vehicles and operate machinery.

4.8. Adverse reactions

Treatment with ALBEY YELLOW JACKET VENOM *Vespula spp.* may cause local allergic reactions at the injection site and/or systemic reactions. Cases of anaphylactic shock with sudden cardiovascular collapse requiring immediate administration of adrenaline have been reported.

The tolerance of a dose is likely to vary over time depending on the specific reactivity of the individual and their environment.

Since release onto the market, the following side effects have been observed:

System organ class	Frequency	Undesirable effects
Immune system disorders	Not known	Anaphylactic shock, anaphylactic reaction, hypersensitivity
Cardiac disorders	Not known	Tachycardia*
Nervous system disorders	Not known	Dizziness*
Vascular disorders	Not known	Hypotension*
Respiratory, thoracic and mediastinal disorders	Not known	Laryngeal oedema, asthma, throat tightness, wheezing, dyspnea, cough, throat irritation
Gastrointestinal disorders	Not known	Abdominal pain, dyspepsia, nausea, diarroea
Skin and subcutaneous tissue disorders	Not known	Angioedema, urticaria, pruritus, erythema
Musculoskeletal and connective tissue disorders	Not known	Arthralgia
General disorders and administration site conditions	Not known	Oedema peripheral, asthenia, chest discomfort, chest pain, feeling hot, malaise* At the injection site: oedema, pain, pruritus, eryhthema and induration

* effects that may occur during systemic allergic reactions.

Effects of specific interest:
Severe allergic reactions may occur, including laryngeal oedema or anaphylactic reactions with possible pruritus and diffuse cutaneous and/or mucosal eruptions, respiratory distress, abdominal pain, reduced blood pressure/anaphylactic shock.

Paediatric population

The safety profile observed in children over 5 years of age and adolescents is identical to that in adults. Data for children aged 2 to 5 is limited.

Reporting of suspected adverse reactions

The reporting of suspected adverse reactions after authorisation of the drug is important. It allows continuous monitoring of the risk/benefit ratio of the drug. Healthcare professionals report any suspected adverse reactions via the national reporting system: French National Agency for the Safety of Medicines and Health Products (ANSM) and network of Regional Pharmacovigilance Centres - Website: https://signalement.social-sante.fr

4.9. Overdose

Symptoms

If a dose higher than the prescribed dose has been injected, the risk and severity of side effects increase with the possibility of serious local or systemic allergic reactions.

See section 4.8 undesirable effects.

Action to take:

Treatment should be adapted to the clinical condition of the patient. The patient should remain under medical supervision until symptoms are completely resolved.

5. PHARMACOLOGICAL PROPERTIES

5.1. Pharmacodynamic properties

Pharmacotherapeutic group: Allergenic extracts, Insects - ATC code: V01AA07

Mechanism of action and pharmacodynamic effects

The mechanism of action of allergenic extracts administered as part of allergenic immunotherapy with Hymenoptera venoms is not fully known.

Allergen immunotherapy with Hymenoptera venoms induces changes in T cell responses, followed by an increase in levels of IgG4 and/or IgG1 and sometimes IgA specific for allergens, and a decrease in specific IgE levels. Another, probably subsequent, response of the immune system would consist in a reorientation of the T lymphocyte response.

5.2. Pharmacokinetic properties

No pharmacokinetic data is available after administration of ALBEY YELLOW JACKET VENOM *Vespula spp*. in humans and animals.

5.3. Preclinical safety data

No long-term animal studies have been performed with ALBEY YELLOW JACKET VENOM *Vespula spp*. to determine its carcinogenic or fertility impairment potential.

Genotoxicity studies on bacterial cells have shown no mutagenic effects of ALBEY YELLOW JACKET VENOM *Vespula spp*.

6. PHARMACEUTICAL DATA

6.1. List of excipients

Powder vial:

Mannitol

Solvent:

Human albumin, sodium chloride, phenol, water for injections

6.2. Incompatibilities

In the absence of compatibility studies, this medicinal product should not be mixed with other medicinal products.

6.3. Shelf life

3 years.

After reconstitution and dilution, the maximum storage times vary according to the concentration of the solutions.

Concentration (µg/mL)	Maximum shelf life
100	28 days
less than 100	To be prepared the same day

6.4. Special precautions for storage

The product before and after reconstitution, as well as the dilutions, should be stored in a refrigerator (between + 2°C and + 8°C).

For storage conditions of the medicinal product after reconstitution and dilution, see section 6.3.

6.5. Nature and contents of the outer packaging

1 powder vial (glass)

1 vial of powder (glass) - 1 x 1.8 mL vial of solvent (glass)

5 vials of powder (glass) - 5 x 1.8 mL vials of solvent (glass)

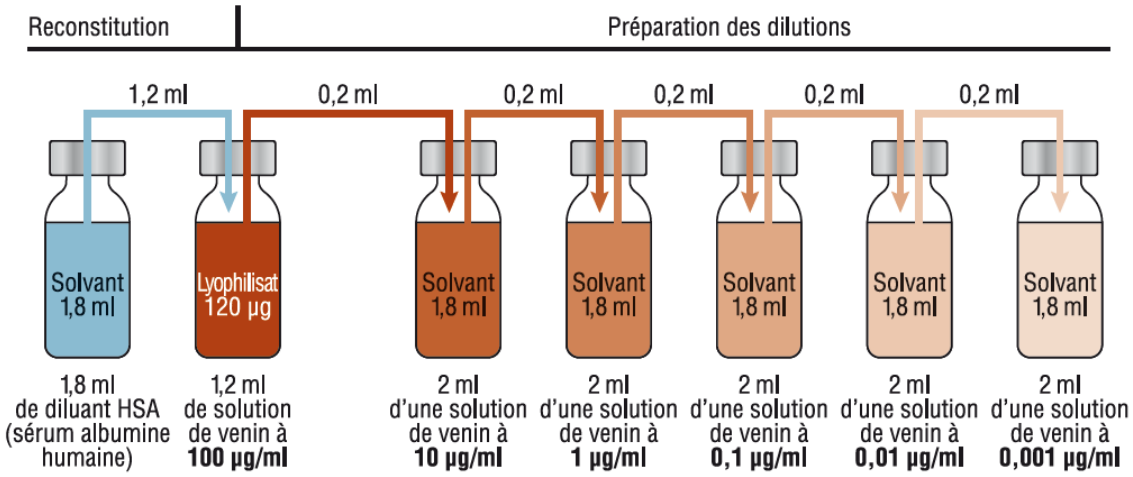
Not all presentations may be marketed.

6.6. Special precautions for disposal and handling

Precautions for preparing, handling, and administering the medication

- Clean the perforated cap of the vial with 70% alcohol.
- Use a 1 mL syringe graduated to 1/100th with a 15-5/10th needle (tuberculin-type syringe).
- Check the concentration of the prepared solution in the vial before use.
- Invert the vial several times to mix its contents thoroughly, without shaking, to avoid the formation of foam.
- Collect the solution through the cap of the vial, accurately measuring the dose to be injected.
- Disinfect the skin before injecting (70% alcohol).

The reconstitution and dilution regimens are shown below:



Any unused medication or waste should be disposed of in accordance with current regulations.

7. MARKETING AUTHORISATION HOLDER

STALLERGENES
6 RUE ALEXIS DE TOCQUEVILLE
92160 ANTONY
FRANCE

8. MARKETING AUTHORISATION NUMBER(S)

328 558-1 /3400932855810: Powder in a vial (glass) - box of 1
328 559-8 / 3400932855988: Powder in a vial (glass) + 1.8 mL of solvent in a vial (glass) - box of 1
359 663-1 / 3400935966315: Powder in a vial (glass) + 1.8 mL of solvent in a vial (glass) - box of 5

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 5 February 1986

Last renewal date: 5 February 2011

10. TEXT UPDATED

06 february 2026

11. DOSIMETRY

Not applicable.

12. INSTRUCTIONS FOR THE PREPARATION OF RADIOPHARMACEUTICS

Not applicable.

PRESCRIPTION AND DELIVERY CONDITIONS

List I