PROGRESSING DISEASE
IS A REALITY FOR PATIENTS WITH ALLERGIC RHINITIS (AR)[9-12]

>70% of AR patients use **2 or more** symptomatic medications[12]

5 OUT OF PATIENTS with moderate-to-severe AR are **inadequately controlled** by their symptomatic medications[13]

Worsening AR **disturbs** daily life[12,14-16]

Patients with **uncontrolled AR** are at **risk of developing asthma**[9-11]

Uncontrolled AR **negatively impacts asthma control**[17]

Patients can **experience allergic response before and after season**[18]

>60% of **of AR cases** are **induced by grass pollens**[19]

Oralair
100 IR & 300 IR or 300 IR sublingual tablets

Sublingual immunotherapy:

- **Effective AR control**[1]
- Designed for **optimal impact**[1]
- **Established safety profile**[1]

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ORALAIR® EUNIT BREATH Leaflet 001-11/2018

STALLERGENES GREER

REAL-WORLD DATA
UP TO **6 YEARS** AFTER TREATMENT CESSATION

Oralair
100 IR & 300 IR or 300 IR sublingual tablets

INDICATIONS AND USAGE

ORALAIR® is an allergen extract indicated as immunotherapy for the treatment of grass pollen allergic rhinitis with or without conjunctivitis in adults, adolescents and children (above the age 5) with clinically relevant symptoms, confirmed by positive cutaneous test and/or a positive titer of the specific IgE to the grass pollen.

ORALAIR® SLIT:
DESIGNED FOR OPTIMAL IMPACT, TRUSTED WORLDWIDE[2,6,7]

ORALAIR®: DESIGNED FOR OPTIMAL IMPACT

Easy to administer sublingual tablets[1,2]

5 grass composition: representing **real pollen exposures** of patients[3]

Discontinuous administration: shorter treatment course *vs* continuous protocol[2,4,5]

ORALAIR®: ESTABLISHED SAFETY ACROSS ALL AGE GROUPS (FROM 5-50 YEARS)[2,6]

Since launch, over **50 million** Oralair® doses **delivered**[7]

>290,000 patients exposed to treatment[7]

Low rate of severe Systemic Reactions with SLIT formulations compared with SCIT[8]

SUBLINGUAL IMMUNOTHERAPY:
EVOLUTION OF SYMPTOMATIC TREATMENT DISPENSING AFTER SLIT CESSATION

NEW RWE PROGRAM
BREATH
Bringing Real-world Evidence to Allergy Treatment for Health

METHODOLOGY

Retrospective, longitudinal prescription database analysis of patients with AR in Germany[19] and France[20] (Real World Evidence Program)

Germany: >71,000 patients included (**5-grass or 1-grass** SLIT tablet AIT and non-AIT), 6-year study*,[19]

France: >27,000 patients included (**5-grass or 1-grass** SLIT tablet AIT and non-AIT)[1,20], 2-year study

AIT prescriptions over at least two years (*vs* control patients receiving symptomatic medication only)

Primary endpoint: Change in AR symptomatic medication prescriptions over time after AIT cessation

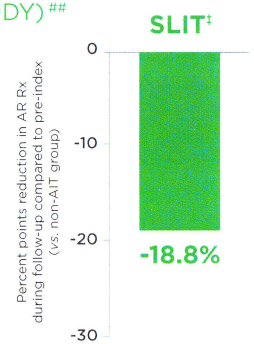
Secondary endpoint: New asthma medication prescription onset
Change in asthma medication prescriptions over time

PATIENTS ARE **COMMONLY EXPOSED TO MULTIPLE GRASS POLLENS**[21]

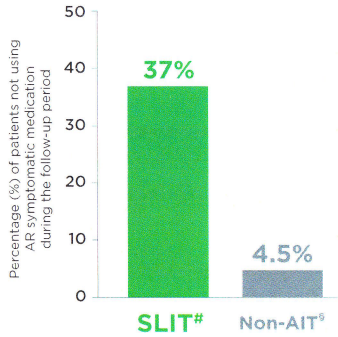
- **Sweet vernal grass** *(Anthoxanthum odoratum)*
- **Cocksfoot/orchard grass** *(Dactylis glomerata)*
- **Meadow grass** *(Poa pratensis)*
- **Perennial rye grass** *(Lolium perenne)*
- **Timothy grass** *(Phleum pratense)*

EVOLUTION OF AR SYMPTOMATIC MEDICATION DISPENSING DURING THE FOLLOW-UP PERIOD IN THE AIT GROUP (GERMAN STUDY)##

18.8% decrease in AR symptomatic prescription medication OVER **6 YEARS** *vs* non-AIT group[1,19]



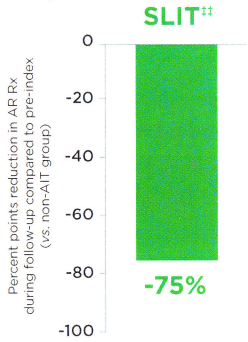
EVOLUTION OF PATIENTS NOT RECEIVING AR SYMPTOMATIC MEDICATION PRESCRIPTIONS DURING THE FOLLOW-UP PERIOD (FRENCH STUDY)***



37% of SLIT patients[20] **FREE** From AR symptomatic medication dispensing within 2 years

EVOLUTION OF AR SYMPTOMATIC MEDICATION DISPENSING DURING THE FOLLOW-UP PERIOD IN THE AIT GROUP (FRENCH STUDY)***

75% REDUCTION in AR symptomatic medication dispensing over 2 years *vs* non-AIT group**,††,20



*n = 2,851 patients *vs* n = 71,275 non-AIT patients (receiving AR symptomatic medication only: oral/systemic anti-histamines, ophthalmic corticosteroids, NCS, ophthalmic corticosteroids/antibiotics). †n = 1,099 SLIT AIT patients *vs* n = 27,475 non-AIT patients (receiving AR symptomatic drug therapy-only: nasal corticosteroids, oral/systemic antihistamines, ophthalamic corticosteroids with/without anti-infectives). ‡n = 2,851 patients *vs* non-AIT patients, n = 71,275 receiving AR symptomatic medication only (oral/systemic anti-histamines, ophthalmic corticosteroids, NCS, ophthalmic corticosteroids/antibiotics); coefficient: -0.188; p < 0.001. Up to 6 years after treatment cessation. §n = 1,099 SLIT AIT patients. ¶n = 27,475 non-AIT patients (receiving AR symptomatic drug therapy-only: nasal corticosteroids, oral/systemic antihistamines, ophthalamic corticosteroids with/without anti-infectives). **n = 1,099 patients *vs* n = 27,475 non-AIT patients (receiving AR symptomatic medication only: oral/systemic anti-histamines, ophthalmic corticosteroids, NCS, ophthalmic corticosteroids/antibiotics). ††Up to 2 years following treatment cessation. ‡‡*vs* non-AIT group, n = 27,475 (coefficient: -0.750; p < 0.0001). Significant difference between AIT and non-AIT group confirmed by post hoc analyses adjusting for age, prescriber and index date year (Coefficient: -0.71; p < 0.0001 *vs* non-AIT). ##Representation according to data published by Zielen *et al* 2018[19]. ***Representation according to data published by Devillier *et al* 2018[20].