SHINING A LIGHT ON

THE COMMON CULPRITS

OF FOOD ALLERGIES

Five Common Food Allergens and Where They Hide

Common food allergens can be found everywhere. Hidden allergens can trigger allergic reactions, but they are not obvious or easy to detect. Labels often mask allergens' identities behind obscure terms, allowing these "common culprits" to slip by without notice.

It's time to reveal their true names and bring these five common allergens out of the shadows.

A Closer Look at Five Common Food Allergens

Alternate names:

Beta-lactoglobulin, casein, rennet casein-caseinate (ammonium caseinate, magnesium caseinate), lactalbumin, lactalbumin phosphate ... and more

Examples of common hideouts:

Baked goods such as cakes and cookies, artificial butter, battered or fried foods, broths, chocolate, crackers, coffee whiteners, custards, puddings ... and more

(Cashew, Walnut, and Hazelnut)

Alternate names:

Anacardium nuts, filberts, pinon, macadamia ... and more

Examples of common hideouts:

Cereals; granola bars; trail mixes; marzipan; salad dressings; pesto; satay sauce; baked goods; crackers; spreads such as almond paste, butters, and chocolate ... and more

Alternate names:

Durum, einkorn, emmer, spelt, triticale ... and more

Examples of common hideouts:

Flour, breakfast cereals, pasta, beer, candy, baked goods, potato chips, ice cream, processed meats, crackers ... and more

https://www.foodallergy.org/living-food-allergies/food-allergy-essentials/common-

This is not a complete list of information about food allergens. Click here for more information.*

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A Closer Look at Five Common Food Allergens (cont'd)

Alternate names:

Valencias, arachidic acid, hydrolyzed plant protein, cacaheuta, mandelonas, kernel paste ... and more

Examples of common hideouts:

Chocolate, candy bars, barbecue sauces, Asian-style dipping sauces, curry sauces, egg rolls, spring rolls, trail mixes, ice cream, biscuits ... and more

Alternate names:

Albumin, albumen-conalbumin-globulin, livetin, lysozyme, silico-albuminate, vitellin ... and more

Examples of common hideouts:

Mayonnaise, pasta, baked goods such as cookies and cakes, meatballs, meatloaf, soups, salad dressings, quiche, foam toppings on coffee ... and more

No matter how much we prepare, accidental food exposures can still happen

https://www.foodallergy.org/living-food-allergies/food-allergy-essentials/common-

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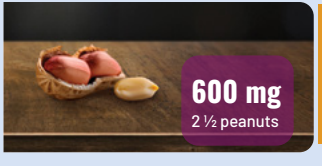
LEARN HOW XOLAIR CAN HELP

XOLAIR significantly reduced allergic reactions, including anaphylaxis, after 16 to 20 weeks of treatment

In this clinical trial, a total of 168 people participated. Data below are based on the 165 pediatric individuals.

Percentage of people who were able to consume at least:

Results of primary goals:



Percent of people on XOLAIR

Percent of people on placebo

Some people taking XOLAIR were able to consume at least 2 or 3 foods that they were allergic to without moderate to severe allergic symptoms.*

This is a hypothetical measurement and image is not to scale.

XOLAIR protected 68% of patients vs 5% of patients treated with placebo from moderate to severe allergic symptoms.*
After taking XOLAIR for 16 to 20 weeks, 17% of people were still not able to eat more than half of a peanut (100 mg) without moderate to severe allergic symptoms.

***This means they did not have moderate to severe allergic symptoms; no more than mild skin, respiratory, or gastrointestinal symptoms.**

What is XOLAIR?

XOLAIR® (omalizumab) for subcutaneous use is an injectable prescription medicine used to treat food allergy in people 1 year of age and older to reduce allergic reactions that may occur after accidentally eating one or more foods to which you are allergic. While taking XOLAIR you should continue to avoid all foods to which you are allergic. It is not known if XOLAIR is safe and effective in people with food allergy under 1 year of age.

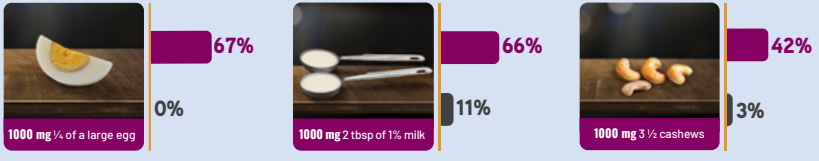
XOLAIR should not be used for the emergency treatment of any allergic reactions, including anaphylaxis.

Please see full Prescribing Information, including Medication Guide, for additional Important Safety Information.

Xolair® Omalizumab
FOR SUBCUTANEOUS USE 75 mg • 150 mg • 300 mg

LEARN HOW XOLAIR CAN HELP (cont'd)

Results of secondary goals:



These are hypothetical measurements and images are not to scale.

Percent of people on XOLAIR

Percent of people on placebo

18%, 22%, and 41% were not able to consume more than 2 teaspoons of 1% milk (300 mg), 1/12th of an egg (300 mg), or 1 cashew (300 mg), respectively, without moderate to severe allergic symptoms.*

***This means they did not have moderate to severe allergic symptoms; no more than mild skin, respiratory, or gastrointestinal symptoms.**

tbsp=tablespoon.

IMPORTANT SAFETY INFORMATION

What is the most important information I should know about XOLAIR?

Severe allergic reaction. A severe allergic reaction called anaphylaxis can happen when you receive XOLAIR. The reaction can occur after the first dose, or after many doses. It may also occur right after a XOLAIR injection or days later. Anaphylaxis is a life-threatening condition and can lead to death. Go to the nearest emergency room right away if you have any of these symptoms of an allergic reaction:

- wheezing, shortness of breath, cough, chest tightness, or trouble breathing
- low blood pressure, dizziness, fainting, rapid or weak heartbeat, anxiety, or feeling of "impending doom"
- flushing, itching, hives, or feeling warm
- swelling of the throat or tongue, throat tightness, hoarse voice, or trouble swallowing

Your healthcare provider will monitor you closely for symptoms of an allergic reaction while you are receiving XOLAIR and for a period of time after treatment is initiated. Your healthcare provider should talk to you about getting medical treatment if you have symptoms of an allergic reaction.

Do not receive and use XOLAIR if you are allergic to omalizumab or any of the ingredients in XOLAIR.

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IMPORTANT SAFETY INFORMATION (cont'd)

Before receiving XOLAIR, tell your healthcare provider about all of your medical conditions, including if you:

- have any allergies (such as seasonal allergies).
- have sudden breathing problems (bronchospasm)
- have ever had a severe allergic reaction called anaphylaxis
- have or have had a parasitic infection
- have or have had cancer
- are pregnant or plan to become pregnant. It is not known if XOLAIR may harm your unborn baby.
- are breastfeeding or plan to breastfeed. It is not known if XOLAIR passes into your breast milk. Talk with your healthcare provider about the best way to feed your baby while you receive and use XOLAIR.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

How should I receive and use XOLAIR?

- When starting treatment, XOLAIR should be given by your healthcare provider in a healthcare setting.
- If your healthcare provider decides that you or a caregiver may be able to give your own XOLAIR prefilled syringe or autoinjector injections, you should receive training on the right way to prepare and inject XOLAIR.
- Do not try to inject XOLAIR until you have been shown the right way to give XOLAIR prefilled syringe or autoinjector injections by a healthcare provider. Use XOLAIR exactly as prescribed by your healthcare provider.
- The XOLAIR autoinjector (all doses) is intended for use only in adults and adolescents aged 12 years and older. For children 12 years of age and older, XOLAIR prefilled syringe or autoinjector may be self-injected under adult supervision. For children 1 to 11 years of age, XOLAIR prefilled syringe should be injected by a caregiver.
- See the detailed Instructions for Use that comes with XOLAIR for information on the right way to prepare and inject XOLAIR.
- XOLAIR is given in 1 or more injections under the skin (subcutaneous), 1 time every 2 or 4 weeks.
- In people with food allergy, a blood test for a substance called IgE must be performed before starting XOLAIR to determine the appropriate dose and dosing frequency.
- Do not decrease or stop taking any of your food allergy medicine or allergen immunotherapy, unless your healthcare providers tell you to.
- You may not see improvement in your symptoms right away after XOLAIR treatment. If your symptoms do not improve or get worse, call your healthcare provider.
- If you inject more XOLAIR than prescribed, call your healthcare provider right away.

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IMPORTANT SAFETY INFORMATION (cont'd)

What are the possible side effects of XOLAIR?

XOLAIR may cause serious side effects, including:

- **Cancer.** Cases of cancer were observed in some people who received XOLAIR.
- **Fever, muscle aches, and rash.** Some people get these symptoms 1 to 5 days after receiving a XOLAIR injection. If you have any of these symptoms, tell your healthcare provider.
- **Parasitic infection.** Some people who are at a high risk for parasite (worm) infections, get a parasite infection after receiving XOLAIR. Your healthcare provider can test your stool to check if you have a parasite infection.
- **Heart and circulation problems.** Some people who receive XOLAIR have had chest pain, heart attack, blood clots in the lungs or legs, or temporary symptoms of weakness on one side of the body, slurred speech, or altered vision. It is not known whether these are caused by XOLAIR.

The most common side effects of XOLAIR in people with food allergy: injection site reactions and fever.

These are not all the possible side effects of XOLAIR. Call your doctor for medical advice about side effects.

You may report side effects to the FDA at (800) FDA-1088 or www.fda.gov/medwatch. You may also report side effects to Genentech at (888) 835-2555 or Novartis Pharmaceuticals Corporation at (888) 669-6682.

Please see full Prescribing Information, including Medication Guide, for additional Important Safety Information.

Links to: [https://www.fda.gov/safety/medwatch-fda-safety-information-and-adverse-event-reporting-program]

GLOBAL: Links to: [https://www.gene.com/download/pdf/xolair_prescribing.pdf]

GLOBAL: Links to: [https://www.gene.com/download/pdf/xolair_medguide.pdf]

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KEY THINGS TO KNOW ABOUT XOLAIR

- XOLAIR can significantly reduce allergic reactions, including anaphylaxis, due to accidental exposure to one or more foods
- XOLAIR can be used to treat food allergies caused by immunoglobulin E (IgE), an underlying cause of food allergy reactions
- XOLAIR is a once- or twice-monthly injection (depending on the person) that may be taken at home after initial treatments at a doctor's office with either prefilled syringes or autoinjectors
- The most common side effects of XOLAIR in people with food allergy are injection site reactions and fever

Models are for illustrative purposes. Individual results may vary.

Here to help you obtain your XOLAIR prescription

For resources and support programs, visit XOLAIR.com/FAsupport

Links to: [https://www.xolair.com/allergic-asthma/resources/patient-support-program.html]

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XOLAIR should not be used for the emergency treatment of any allergic reactions, including anaphylaxis.

IMPORTANT SAFETY INFORMATION

What is the most important information I should know about XOLAIR?

Severe allergic reaction. A severe allergic reaction called anaphylaxis can happen when you receive XOLAIR. The reaction can occur after the first dose, or after many doses. It may also occur right after a XOLAIR injection or days later. Anaphylaxis is a life-threatening condition and can lead to death. Go to the nearest emergency room right away if you have any of these symptoms of an allergic reaction:

Continue reading symptoms of anaphylaxis on page 5, with additional information about anaphylaxis on page 6.

Please see full Prescribing Information, including Medication Guide, for additional Important Safety Information.

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