



ARE ALLERGIES FRUSTRATING YOUR PATIENTS THIS SEASON? RECOMMEND AN ALL-IN-ONE OPTION FOR SYMPTOM RELIEF.

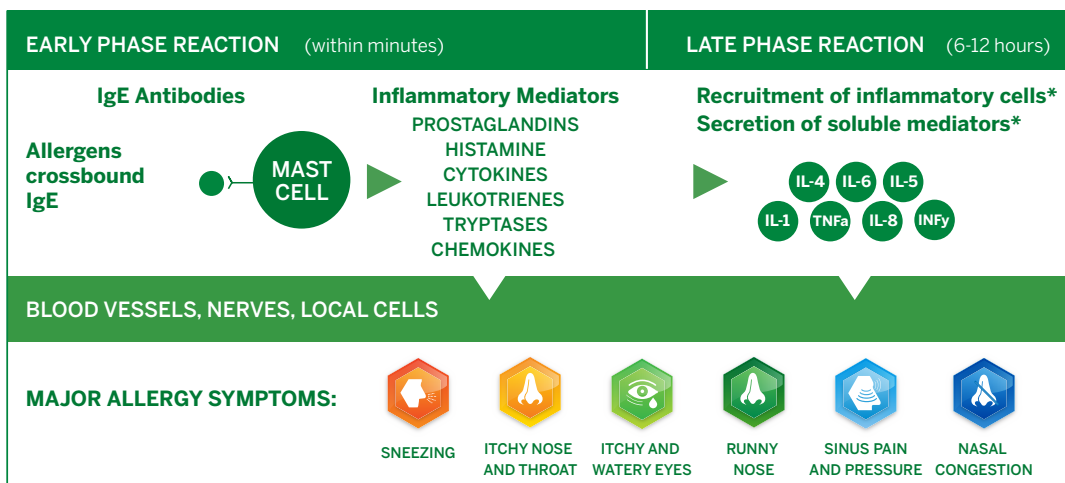


HELP YOUR PATIENTS MANAGE THEIR MAJOR ALLERGY SYMPTOMS

Patients with allergic rhinitis (AR) may be accustomed to self-selecting the same allergy product every season. Unfortunately their “Go-To” product may not manage all of the major nasal allergy symptoms. Patients with AR may be looking for a product that can also help manage bothersome symptoms such as sinus pain and pressure, ocular symptoms and itchy throat.

DID YOU KNOW? An alarming 60% of allergy sufferers reported their symptoms were only somewhat, poorly or not controlled.¹ Help them regain control of their symptoms by choosing a first-line allergy treatment option. An OTC intranasal steroid can provide more complete symptom relief all day and night.²

FLONASE ALLERGY RELIEF CONTROLS 6 KEY INFLAMMATORY SUBSTANCES THAT CAUSE ALLERGY SYMPTOMS^{2,3}



With just one dose per day, FLONASE Allergy Relief controls many inflammatory mediators in addition to histamine including chemokines, leukotrienes, cytokines, tryptases and prostaglandins.²

FLONASE Allergy Relief is effective in both early and late phases of the allergic reaction, relieving nasal inflammation and congestion.²

*Steps inhibited by glucocorticoids.

IgE = immunoglobulin E; INF = interferon factor; IL = interleukin; TNF = tumor necrosis factor

YOUR PATIENTS ARE LOOKING FOR AN EFFECTIVE OPTION FOR ALLERGY RELIEF THIS SEASON

Of the many OTC allergy products available, products such as FLONASE Allergy Relief are considered to be **effective** options to manage major allergy symptoms.⁴ FLONASE Allergy Relief is the first OTC INS indicated for relief from the major allergy symptoms, including sinus pain and pressure, itchy throat, and itchy and watery eyes.^{5,6}

FLONASE Allergy Relief, an intranasal steroid (INS), trusted by health care professionals for over 20 years.⁷

Learn more about FLONASE Allergy Relief and how it can give your patients all-day relief, all season long. Visit FLONASEPROFESSIONAL.CA

PRODUCT INFORMATION⁵

Indications and Clinical Use:

FLONASE Allergy Relief (fluticasone propionate aqueous nasal spray) is indicated for the treatment of major symptoms associated with seasonal allergic rhinitis including hay fever, and perennial rhinitis; and the management of sinus pain and pressure symptoms associated with allergic rhinitis.

Contraindications:

FLONASE Allergy Relief (fluticasone propionate aqueous nasal spray) is contraindicated in patients who are hypersensitive to fluticasone propionate, or to any ingredient in the formulation or component of the container, and patients with untreated fungal, bacterial or tuberculosis infections of the respiratory tract.

FLONASE Allergy Relief is not recommended for children and adolescents younger than 18 years of age.

Warnings and Precautions:

The following warnings and precautions are a 'class effect' and not specific to FLONASE Allergy Relief.

Ear/Nose/Throat: Epistaxis, nasal ulceration, Candida infection, nasal septal perforation, impaired wound healing.

Endocrine and Metabolism: Hypercorticism and adrenal suppression, effects on growth, hypothyroidism.

Hematologic: Acetylsalicylic acid should be used cautiously in conjunction with corticosteroids in hypothermia.

Hepatic/Biliary/Pancreatic: Drug interaction study of intranasal fluticasone propionate in healthy subjects has shown that ritonavir (a highly potent cytochrome P450 3A4) can greatly increase fluticasone propionate plasma concentrations, resulting in markedly reduced serum cortisol concentrations. Clinically significant drug interactions reported in patients receiving intranasal or inhaled fluticasone propionate and ritonavir, resulting in systemic corticosteroid effects including Cushing's syndrome and adrenal suppression. Concomitant use of fluticasone propionate and ritonavir should be avoided unless the potential benefit to the patient outweighs the risk of systemic corticosteroid side effects.

Cirrhosis: There is an enhanced effect of corticosteroids in patients with cirrhosis.

Immune: Hypersensitivity reactions including anaphylaxis, immunosuppression, use with caution in patients who have had recent nasal surgery or trauma.

Ophthalmologic: Nasal and inhaled corticosteroids may result in the development of glaucoma and/or cataracts. Close monitoring is warranted in patients with a change in vision or with a history of increased intraocular pressure, glaucoma, and/or cataracts.

Psychological and Behavioural: Rare: psychological and behavioural effects including psychomotor hyperactivity, sleep disorders, anxiety, depression or aggression have been reported.

Respiratory: Careful attention must be given to patients with asthma or other clinical conditions in whom a rapid decrease in systemic steroids may cause a severe exacerbation of their symptoms.

Pregnant and Nursing Women: The safety of fluticasone propionate in pregnant and nursing women has not been established. If used in pregnancy, the expected benefit should be weighed against the potential hazard to the fetus, particularly during the first trimester of pregnancy. Fluticasone propionate is teratogenic to rodent species. Adverse effects typical of potent corticosteroids are only seen at high systemic exposure levels; direct intranasal application ensures minimal systemic exposure. The relevance of these findings to humans has not yet been established. Infants born of mothers who have received substantial doses of glucocorticosteroids during pregnancy should be carefully observed for hypoadrenalism. It is not known whether fluticasone propionate is excreted in human milk. It is unlikely that the drug would be detected in milk. The use of fluticasone propionate in nursing mothers requires that the possible benefits of the drug to outweigh against the potential hazards to the infant.

Geriatrics (>65 years of age): A limited number of patients 65 years of age and older have been treated with FLONASE Allergy Relief in clinical trials. The adverse events reported in this population were similar to those reported in younger patients.

Please consult the product monograph or call **1-866-994-7444** for information relating to adverse reactions, drug interactions and dosing information.

REFERENCES

1. Keith, P. K., Desrosiers, M., Laister, T., *et al.* The burden of allergic rhinitis (AR) in Canada: perspectives of physicians and patients. *Allergy Asthma Clin Immunol.* 2012. 8:7. 2. GlaxoSmithKline Consumer Healthcare Inc. Fluticasone Propionate Aqueous Nasal Spray 0.05% w/w Claims Support Summary. April 4, 2016. WEL-0401.002. 3. Broide, D. H. The pathophysiology of allergic rhinoconjunctivitis. *Allergy Asthma Proc.* 2007. 28:398-403. 4. Global Primary Care Education: ARIA Guidelines pocket guide. *Management of allergic rhinitis and its impact on asthma: pocket guide. Based on the 2007 ARIA Workshop Report and the IPAG Handbook, in collaboration with WHO, GA2LEN, AllerGen, and Wonca.* 5. GlaxoSmithKline Consumer Healthcare. Flonase Allergy Relief Product Monograph. August 23, 2016. 6. Sanofi-aventis Canada Inc. Nasacort® Allergy 24HR Product Monograph. December 2, 2013. 7. GlaxoSmithKline. Data on File. GSK Consumer Healthcare announces Flonase Allergy Relief for over-the-counter relief in Canada, Press Release. August 26, 2016.

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