FLONASE® ALLERGY RELIEF

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ARE THEY ALL EQUAL? DIFFERENCES BETWEEN INTRANASAL STEROIDS FOR ALLERGY SYMPTOM MANAGEMENT.

HELP YOUR CUSTOMERS MANAGE MORE OF THEIR BOTHERSOME ALLERGY SYMPTOMS

Every season, you recognize how allergies may affect your patients' quality of life. They may be suffering from symptoms beyond rhinitis. Patients may be suffering from ocular and sinus symptoms and may benefit from an appropriate intranasal steroid (INS) product. Asking your patients a few simple questions about their most bothersome symptoms may guide you to a quick and effective recommendation.

It is probably not surprising that 81% of patients with allergy symptoms seek medical attention.[1] Some of them have already tried a product, yet are still suffering from one or more symptoms. A first-line treatment option, such as FLONASE Allergy Relief, may help resolve the most bothersome symptoms.[2]

FLONASE ALLERGY RELIEF. THE FIRST OVER-THE-COUNTER (OTC) INS INDICATED FOR RELIEF FROM MAJOR ALLERGY SYMPTOMS, INCLUDING ITCHY/WATERY EYES, AND SINUS PAIN AND PRESSURE.[3,4]

		FLONASE Allergy Relief[3]	Antihistamine Product[5-7]	Other Branded, Non-prescription INS[4]
NASAL SYMPTOMS	Congestion	✓	✓	✓
	Runny Nose	✓	✓	✓
	Sneezing	✓	✓	✓
	Itchy Nose	✓	✓	✓
	Sinus Pressure and Discomfort	✓	✗	✗
OCULAR SYMPTOMS	Itchy Eyes	✓	✓	✗
	Watery Eyes	✓	✓	✗

FOR MOST PATIENTS, 24-HOUR RELIEF BEGINS FROM THE FIRST DOSE

In some patients, FLONASE Allergy Relief starts to act in **2-4 hours**[8]

Most patients will have achieved some relief in **12 hours**[8]

Notable symptom improvement in **24-48 hours**[9-11]

Maximum benefit **3-4 days**[9]

FLONASE Allergy Relief, an INS trusted by healthcare professionals for over 20 years.[12]

Learn more about FLONASE Allergy Relief. Help your allergy patients now and all season long.
Visit **FLONASEPROFESSIONAL.CA**

PRODUCT INFORMATION[3]

Indication and Clinical Use:
FLONASE Allergy Relief (fluticasone propionate aqueous nasal spray) is indicated for the treatment of the 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 hypothrombinemia.
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. Bousquet, J., Khaltaev, N., Cruz, A. A., *et al.* Allergic Rhinitis and its Impact on Asthma (ARIA) 2008 update (in collaboration with the World Health Organization, GA(2)LEN and AllerGen). *Allergy*. 2008. 63 Suppl 86:8-160. 3. GlaxoSmithKline Consumer Healthcare. Flonase Allergy Relief Product Monograph. August 23, 2016. 4. Sanofi-aventis Canada Inc. Nasacort® Allergy 24HR Product Monograph. December 11, 2013. 5. Bayer Inc. Claritin Product Monograph. December 17, 2014. 6. McNeil Consumer Healthcare. Reactine Product Monograph. June 11, 2014. 7. Sanofi-aventis Canada Inc. Allegra Product Monograph. September 8, 2006. 8. Meltzer, E. O., Rickard, K. A., Westlund, R. E., *et al.* Onset of therapeutic effect of fluticasone propionate aqueous nasal spray. *Ann Allergy Asthma Immunol*. 2001. 86:286-91. 9. GlaxoSmithKline Consumer Healthcare. Fluticasone Propionate Aqueous Nasal Spray 0.05% w/w Claims Support Summary. April 4, 2016. WEL-0401.002. 10. GlaxoSmithKline Consumer Healthcare. Result Summary for Study FLN-444: A double-blind, placebo-controlled, randomized, parallel-group park study to compare the onset of action of fluticasone propionate aqueous nasal spray 200µg QD versus beclomethasone dipropionate aqueous nasal spray 168µg BID in patients with seasonal allergic rhinitis. 2005. FLN-444. 11. GlaxoSmithKline Consumer Healthcare. Result Summary for Study FLN-445: A Double-Blind, Placebo-Controlled, Randomized, Parallel-Group Park Study to Compare the Onset of Action of Fluticasone Propionate Aqueous Nasal Spray 200µg QD Versus Beclomethasone Dipropionate Aqueous Nasal Spray 168µg BID in Patients with Seasonal Allergic Rhinitis. 2005. FLN-445. 12. GlaxoSmithKline. Data on file. GSK Consumer Healthcare announces Flonase Allergy Relief for over-the-counter relief in Canada, Press Release. August 26, 2016.