




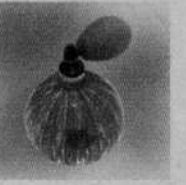










Flonase is approved to treat more triggers than any of these allergy medicines.

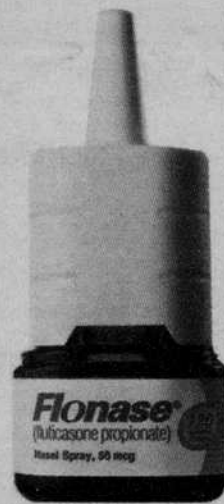
	Pollen	Pet Dander	Dust Mites	Pollution	Smoke	Strong Odors
Flonase*						
Nasonex*						
Zyrtec*						
Claritin†						
Allegra*						

more than Nasonex®

more than Zyrtec®

more than Claritin®

more than Allegra®

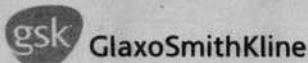


FLONASE is approved to treat more triggers than these leading† allergy medicines.

If you're like most people with nasal allergies, you suffer from more than just seasonal allergies...you may also suffer from indoor triggers or get nasal symptoms from smoke, strong odors, or pollution. But all it takes is FLONASE to treat all those triggers. Not even these leading pills and nasal spray are approved to do that. More reason than ever to talk to your doctor about FLONASE.

Results may vary. If side effects occur, they are generally mild, and may include headache, nosebleed, or sore throat. For best results, use daily. Maximum relief may take several days. Available by prescription only.

When you get it all, all it takes is **Flonase®** (fluticasone propionate) Nasal Spray, 50 mcg
1-800-427-5295 | www.flonase.com



* Available by prescription only.
† Available over-the-counter.

† Allegra, Claritin, Zyrtec, Flonase, Nasonex, and Clarinex are among the leading prescription allergic rhinitis products.† Source: Scott-Levin's Source™ Prescription Audit (SPA) from Verispan; October 2001-September 2002.

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FLONASE® (fluticasone propionate) Nasal Spray, 50 mcg

For Intranasal Use Only. Shake Gently Before Use. The following is a brief summary only; see full prescribing information for complete product information.

CONTRAINDICATIONS
FLONASE Nasal Spray is contraindicated in patients with a hypersensitivity to any of its ingredients.

WARNINGS
The replacement of a systemic corticosteroid with a topical corticosteroid can be accompanied by signs of adrenal insufficiency, and in addition some patients may experience symptoms of withdrawal, e.g., joint and/or muscular pain, lassitude, and depression. Patients previously treated for prolonged periods with systemic corticosteroids and transferred to topical corticosteroids should be carefully monitored for acute adrenal insufficiency in response to stress. In those patients who have asthma or other clinical conditions requiring long-term systemic corticosteroid treatment, too rapid a decrease in systemic corticosteroids may cause a severe exacerbation of their symptoms.

PRECAUTIONS
General: Intranasal corticosteroids may cause a reduction in growth velocity when administered to pediatric patients (see PRECAUTIONS: Pediatric Use). Rarely, immediate hypersensitivity reactions or contact dermatitis may occur after the administration of FLONASE Nasal Spray. Rare instances of wheezing, nasal septum perforation, cataracts, glaucoma, and increased intraocular pressure have been reported following the intranasal application of corticosteroids, including fluticasone propionate. Use of excessive doses of corticosteroids may lead to signs or symptoms of hypercorticism and/or suppression of HPA function.

BRIEF SUMMARY
doses, systemic corticosteroid effects such as hypercorticism and adrenal suppression may appear. If such changes occur, the dosage of FLONASE Nasal Spray should be discontinued slowly consistent with accepted procedures for discontinuing oral corticosteroid therapy.

Warnings: Patients being treated with FLONASE Nasal Spray should receive the following information and instructions. This information is intended to aid them in the safe and effective use of this medication. It is not a disclosure of all possible adverse or intended effects.

Warnings: Patients should be warned to avoid exposure to chickenpox or measles and, if exposed, to consult their physician without delay. Patients should use FLONASE Nasal Spray at regular intervals for optimal effect. Some patients (12 years of age and older) with seasonal allergic rhinitis may find as-needed use of 200 mcg once daily effective for symptom control (see Clinical Trials section of full prescribing information).

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Adverse Experience	Vehicle Placebo (n=758)	FLONASE 100 mcg Once Daily (n=167)	FLONASE 200 mcg Once Daily (n=782)
Headache	14.6	6.6	16.1
Pruritus	7.2	6.0	7.8
Epistaxis	5.4	6.0	6.9
Nasal burning/irritation	2.6	2.4	3.2
Nausea/vomiting	2.0	4.8	2.6
Asthma symptoms	2.9	7.2	3.3
Cough	2.8	3.6	3.8

Other adverse events that occurred in <3% but >1% of patients and that were more common with fluticasone propionate (with uncertain relationship to treatment) included: blood in nasal mucus, runny nose, abdominal pain, diarrhea, fever, flu-like symptoms, aches and pains, dizziness, bronchitis.

Observed During Clinical Practice: In addition to adverse events reported from clinical trials, the following events have been identified during postapproval use of fluticasone propionate in clinical practice. Because they are reported voluntarily from a population of unknown size, estimates of frequency cannot be made. These events have been chosen for inclusion due to either their seriousness, frequency of reporting, or causal connection to fluticasone propionate or a combination of these factors.

General: Hypersensitivity reactions, including angioedema, skin rash, edema of the face and tongue, pruritus, urticaria, bronchospasm, wheezing, dyspnea, and anaphylaxis/anaphylactoid reactions, which in rare instances were severe.

Eye, Nose, and Throat: Alteration or loss of sense of taste and/or smell and, rarely, nasal septal perforation, nasal ulcer, sore throat, throat irritation and dryness, cough, hoarseness, and voice changes.

Eye: Dryness and irritation, conjunctivitis, blurred vision, glaucoma, increased intraocular pressure, and cataracts.

Other: Cases of growth suppression have been reported for intranasal corticosteroids, including FLONASE (see PRECAUTIONS: Pediatric Use).

OVERDOSEAGE
Chronic overdosage may result in signs/symptoms of hypercorticism (see PRECAUTIONS). Intranasal administration of 2 mg (10 times the recommended dose) of fluticasone propionate twice daily for 7 days to healthy human volunteers was well tolerated. Single oral doses up to 16 mg have been studied in human volunteers with no acute toxic effects reported. Repeat oral doses up to 80 mg daily for 10 days in volunteers and repeat oral doses up to 10 mg daily for 14 days in patients were well tolerated. Adverse reactions were mild to moderate severity, and incidences were similar in active and placebo treatment groups. Acute overdosage with this dosage form is unlikely since 1 bottle of FLONASE Nasal Spray contains approximately 8 mg of fluticasone propionate.

The oral and subcutaneous median lethal doses in mice and rats were >1,000 mg/kg (>20,000 and >41,000 times, respectively, the maximum recommended daily intranasal dose in adults and >10,000 and >20,000 times, respectively, the maximum recommended daily intranasal dose in children on a mg/m² basis).

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