

## FREQUENTLY ASKED QUESTIONS

### Q. What is FLONASE® SENSIMIST™ and how does it work?

**A. FLONASE® SENSIMIST™** is the newest addition to the FLONASE® Brand Family of products. It offers the exact same, nondrowsy, 24-hour, full prescription-strength allergy relief as Veramyst® (fluticasone furoate), and is available in both 60- and 120-metered spray bottles. FLONASE® SENSIMIST™ relieves the nasal and ocular symptoms associated with seasonal and perennial allergic rhinitis,\* and is suitable for patients who are reluctant to use a nasal spray.<sup>1</sup>

### Q. Is FLONASE® SENSIMIST™ just as strong as prescription-strength Veramyst®?

**A. FLONASE® SENSIMIST™** is the exact same prescription strength as Veramyst®, offering the same allergy relief you've come to know and trust.

### Q. Who should use FLONASE® SENSIMIST™?

**A. FLONASE® SENSIMIST™** is ideal for patients who are not getting the relief they need from antihistamines alone or who may be reluctant to use an intranasal spray. These may be new INS users or patients who have previously tried INSs and disliked the experience. FLONASE® SENSIMIST™ offers more complete† allergy relief in a fine, gentle, scent-free mist.

\*Indicated for ocular symptom relief in patients aged 12+.

†Vs single-ingredient antihistamines that do not treat nasal congestion.

‡Mechanism vs most OTC allergy pills. FLONASE® acts on multiple inflammatory substances (histamine, prostaglandins, cytokines, tryptases, chemokines, and leukotrienes). The exact number and precise mechanism are unknown.

Visit [www.FLONASE.com](http://www.FLONASE.com) for more information.

### Q. How fast does FLONASE® SENSIMIST™ work?

**A. FLONASE® SENSIMIST™** may begin to work within 8 hours after taking the first dose, and improvement in some nasal symptoms may be seen on the first day of use. It may take several days before it has its greatest effect.<sup>2,3</sup>

### Q. How is FLONASE® SENSIMIST™ different from other OTC INSs?

**A. FLONASE® SENSIMIST™** joins the FLONASE® Brand Family of products as the only OTC INS sprays indicated to treat nasal and ocular symptoms of seasonal and perennial allergic rhinitis.<sup>1\*</sup> FLONASE® SENSIMIST™ features a delivery system with a unique side actuator, and is preferred by patients over a leading prescription and OTC nasal spray.<sup>4,5</sup>

### Q. How is FLONASE® SENSIMIST™ different from antihistamine pills?

**A.** Unlike oral antihistamines that only act on histamine, **FLONASE® SENSIMIST™** works to block 6 key inflammatory mediators (histamine, cytokines, leukotrienes, prostaglandins, tryptases, and chemokines) for more complete relief.<sup>6-9\*‡</sup>

**References:** **1.** FLONASE SENSIMIST Drug Facts label. **2.** Kaiser HB, Naclerio RM, Given J, et al. Fluticasone furoate nasal spray: a single treatment option for the symptoms of seasonal allergic rhinitis. *J Allergy Clin Immunol.* 2007;119(6):1430-1437. **3.** Berkowitz RB, Bernstein DI, LaForce C. Onset of action of mometasone furoate nasal spray (NASONEX™) in seasonal allergic rhinitis. *Allergy.* 1999;1(1):54-64-69. **4.** Yonezaki M, et al. Preference evaluation and perceived sensory comparison of fluticasone furoate and mometasone furoate intranasal sprays in allergic rhinitis. *Auris Nasus Larynx.* 2016;43(3):292-297. **5.** Yanez A, Dimitroff A, Bremner P, Rhee CS, Luscombe G, Prillaman BA, Johnson N. A patient preference study that evaluated fluticasone furoate and mometasone furoate nasal sprays for allergic rhinitis. *Allergy Rhinol.* 2016 Dec;7:1-6 (201474) **6.** Derendorf H, Meltzer EO. Molecular and clinical pharmacology of intranasal corticosteroids: clinical and therapeutic implications. *Allergy.* 2008;63(10):1292-1300. **7.** Gelfand EW. Inflammatory mediators in allergic rhinitis. *J Allergy Clin Immunol.* 2004;114(5 Suppl):S135-S138. **8.** White MV, Kaliner MA. Mediators of allergic rhinitis. *J Allergy Clin Immunol.* 1992;90(4 Pt 2):699-704. **9.** Bachert C, Gevaert P. Effect of intranasal corticosteroids on release of cytokines and inflammatory mediators. *Allergy.* 1999;54(suppl 57):116-123.

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