REDEFINE
WHAT YOU’VE COME TO EXPECT FROM AN
INTRANASAL STEROID (INS)

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- Patient Video and Patient Instructions in English and Spanish
ALLERGIC RHINITIS: MYTHS, FACTS AND PREVALENCE

Allergic Rhinitis (AR): Common Myths
• Chronic nasal symptoms are just part of life
• Poorly controlled AR is not associated with serious consequences
• AR can always be managed successfully with oral antihistamines alone
• Intranasal steroid (INSs) are frequently associated with (serious) adverse events

Allergic Rhinitis: One of the Most Common Chronic Conditions in the US
• Affects up to 60 million individuals in the US annually¹
• Responsible for 10.4 million office visits in 2012²
• Comorbidities such as sinusitis and asthma increase the total cost of care for AR³

What is allergic rhinitis?
• AR is an inflammatory disease of the upper airways that is caused by IgE-mediated immune response to an allergen and characterized by nasal congestion, sneezing, nasal itching, and rhinorrhea.¹
• AR is classified according to:
  □ Type of AR trigger
    - Seasonal—during a discrete time of year or
    - Perennial—year round
  □ Duration and severity of symptoms
    - Intermittent or persistent
    - Mild or moderate/severe

SYMPTOMS AND ALLERGY AVOIDANCE

Click images to find helpful nasal allergy information for patients, including allergy avoidance tips and available treatment options.

HELPFUL ALLERGY INFORMATION FOR PATIENTS

COMMON ALLERGENS:
• Pollen
• Fruits
• Trees
• Grasses
• Pets
• Animal Dander
• Dust Mites

ALLERGEN AVOIDANCE TIPS:
• Keep pets out of the bedroom
• Wash pets each day
• Wash sheets often

NASAL ALLERGY INFORMATION FOR PATIENTS

ALLERGIC RHINITIS: MYTHS, FACTS AND PREVALENCE

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THE NATIONAL ALLERGY SURVEY ASSESSING LIMITATIONS (NASAL)

‘There is general unawareness of the importance of treating nasal allergies in the lay public, as well as in primary care physicians who have to deal with these patients.’ — James Hadley, MD

‘Allergic rhinitis is an ongoing process, a fire, and if effective therapy is established and maintained early on, then the fire can be kept under control and the outcome will be far better than trying to deal with it when there is a flare-up of the major symptoms.’ — Eli Meltzer, MD

BURDEN OF THE DISEASE & UNMET NEED

Allergy symptoms have a substantial effect on the physical, social and emotional well-being of a person. Some of the symptoms include the following: declining health status, increased sleep disorders, impaired daily activities, poorer cognitive functions, reduced work productivity and self-image problems.¹

Allergic rhinitis is more than just a runny nose
A recent survey indicated adults with AR report significantly higher number of comorbid conditions compared to those without AR. Three of the most oft-noted conditions were heartburn/reflux, GERD, migraines and sleep disturbances.

Other Health Problems Are Reported More Frequently in Patients With Allergic Rhinitis
In February 2012, The Journal of Family Practice released a peer-reviewed article, “The National Allergy Survey Assessing Limitations (NASAL): Patient and Health Care Professional Perspectives in Allergic Rhinitis,” which included results from NASAL.

Results from NASAL report that when questioned about other problems suffered in the past 4 weeks, the proportion of adults with nasal allergies who had sinusitis, sleep disturbances, earaches, skin rashes, heartburn, gastroesophageal reflux disease, migraines, sleep apnea, conjunctivitis, and chronic tonsillitis were all noticeably higher in adults with AR than in adults without nasal allergies.¹

Interestingly, 66% of adults without AR reported no comorbidities, whereas only 29% of adults with AR reported no comorbidities.¹
Management of Allergic Rhinitis

The ARIA (Allergic Rhinitis and its Impact on Asthma) initiative aims to educate and implement evidence-based management of AR in conjunction with asthma worldwide. The ARIA is composed of experts in the fields of AR and asthma who serve on the board of directors or the executive, scientific and advisory committees.

- ARIA provided guidelines for the management of AR
- Medications used for AR are most commonly administered intranasally or orally. Intranasal medications offer several advantages because high concentrations can be delivered directly into the nose, avoiding or minimizing systemic effects
- Intranasal corticosteroids are the most efficacious medication available for the treatment of AR, effectively improving all symptoms of AR

No Improvement in Patient-Reported AR Symptom Control in 2010 Compared with 2006

In 2006, Allergies in America: A Landmark Survey of Nasal Allergy Sufferers was conducted to assess how well healthcare providers manage patients who have nasal allergies. At the time, it was the largest and most comprehensive national survey of patients with AR and the healthcare providers who treat them.

The AIA survey asked about the frequency in which respondents with allergies experienced 10 nasal allergy symptoms during their worst 1-month period. Nine of these symptoms were included in the Nasal Allergy Survey Assessing Limitations to compare trends in the frequency of these symptoms between 2006 and 2010.1,2

- The symptom most frequently experienced every day or most days in the worst 1-month period was nasal congestion in both 2006 (60%) and 2010 (56%).1,3
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In general, symptoms such as postnasal drip, repeated sneezing, watering or tearing eyes, runny nose, nasal itching, headache, facial pain or pressure, and ear pain or pressure were reported with similar frequency in 2006 and 2010. Effectively, there has been no change in the frequency with which adults with nasal allergies experience these symptoms over the past 5 years.1,2

Intranasal Corticosteroids

- Considered by many to be the most effective therapy for treatment of AR because INSs treat both early- and late-phase symptoms1,2
- Control all major symptoms: nasal congestion, sneezing, nasal itching, and rhinorrhea2
- Similar symptom relief among INSs, despite pharmacologic differences2
- Data from NASAL 2010 indicated that ~30% of patients with AR had used an INS in the preceding 4 weeks3

Aerosol Sprays Make a Welcome Return

Researchers developed a new, environmentally friendly aerosol propellant.2 This was welcome news for physicians like Dr. Meltzer: “We were very happy when HFA (hydrofluoroalkane) asthma inhalers became available and encouraged companies to make them for intranasal allergy use. It’s nice to say that we now have a couple of aerosol spray options. I liked them when they were first available, I preferred them when I had access to both the aqueous and the aerosol, and I still prefer them today.” Many patients may also agree. “There are patients who prefer one over the other, and it’s important to individualize treatment. I consider the aerosol sprays for patients who have a lot of nasal drainage or for patients who prefer something that doesn’t have sensory attributes,” said Dr. Meltzer.
Introducing 21st Century Nasal Allergy Symptom Relief

Disruptive nasal allergy symptoms deserve to be taken seriously. QNASL (beclomethasone dipropionate) is a non-aqueous aerosol spray formulation that does just that. With just one dose per day, it provides consistent, accurate dosing for proven relief of nasal symptoms of seasonal and year-round nasal allergies in adults and adolescents 12 years of age and older.¹

**QNALS (beclomethasone dipropionate) Nasal Aerosol** is indicated for the treatment of nasal symptoms associated with seasonal and perennial allergic rhinitis in adults and adolescents 12 years of age and older.

**IMPORTANT SAFETY INFORMATION**

- **Local Nasal Effects:** In clinical trials up to 52 weeks, epistaxis and nasal ulcerations were observed more frequently and some epistaxis events were more severe in patients treated with QNASL Nasal Aerosol than those who received placebo. *Candida* albicans infections of the nose, mouth, or throat may occur in patients using intranasal corticosteroids. Periodically monitor patients for signs of adverse effects on the nasal mucosa and discontinue QNASL Nasal Aerosol if such effects are observed. Patients with recent nasal ulcers, nasal surgery, or nasal trauma should avoid use of QNASL Nasal Aerosol until healed.

- There were no instances of nasal septal perforation observed in clinical trials with QNASL Nasal Aerosol; however, instances of nasal septal perforation have been reported in patients following the intranasal application of other beclomethasone dipropionate products. Periodically monitor patients for signs of adverse effects on the nasal mucosa and discontinue QNASL Nasal Aerosol if such effects are observed.

- **Glaucoma, cataracts, and increased intraocular pressure may be associated with intranasal corticosteroid use. Closely monitor patients with a history of increased intraocular pressure, glaucoma, and/or cataracts.**

- **Systemic corticosteroid effects such as hypercorticism and adrenal suppression may appear if intranasal corticosteroids are used at very high dosages or at the regular dosage in susceptible individuals. If such changes occur, discontinue QNASL Nasal Aerosol slowly.**

- **Intranasal corticosteroids may cause a reduction in growth velocity when administered to pediatric patients. Growth of pediatric patients receiving QNASL Nasal Aerosol should be routinely monitored.**

- **The most common adverse reactions observed in trials of 2 to 6 weeks with QNASL Nasal Aerosol with an incidence of greater than or equal to 1% and greater than placebo include: nasal discomfort (5.2%), epistaxis (1.9%), and headache (2.3%).**

**NEED MORE INFORMATION?**

Interested in learning more about QNASL? Click below to request a visit from your local Teva Respiratory sales professional.

[CLICK TO REQUEST A VISIT]
In the phase 3, QNASL Nasal Aerosol clinical program summarizing the efficacy of QNASL Nasal Aerosol in AR, there was significantly greater nasal symptom relief compared with placebo.¹ The treatment difference compared to placebo was statistically significant and clinically meaningful.

**SELECT IMPORTANT SAFETY INFORMATION**

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*Primary efficacy endpoint calculated as the sum of the patients’ scoring of 4 individual nasal symptoms (rhinorrhea, sneezing, nasal congestion, and nasal itching) on a 0 to 3 categorical severity scale (0=absent, 1=mild, 2=moderate, 3=severe) as reflective or instantaneous over the previous 12 hours. In both the 2-week seasonal allergic rhinitis (SAR) trial and the 6-week perennial allergic rhinitis (PAR) trial, all 4 individual nasal symptoms showed statistically significant difference vs placebo.²

†Treatment difference in mean rTNSS was –0.91 (95% –0.5, –1.3); P<0.001.²

‡Treatment difference in mean rTNSS was –0.84 (95% –1.2, –0.5); P<0.001.²

In the phase 3, QNASL Nasal Aerosol clinical program summarizing the efficacy of QNASL Nasal Aerosol in AR, there was significantly greater nasal symptom relief compared with placebo.¹ The treatment difference compared to placebo was statistically significant and clinically meaningful.
STUDY DESIGN: The study was an open-label, nonrandomized crossover study (N=9). Research was conducted to determine the regional deposition of QNASL (beclomethasone dipropionate) Nasal Aerosol 80 µg following intranasal administration in male patients with mild allergic rhinitis. Imaging was conducted with 2-dimensional (2D) and 3-dimensional (3D) data acquisition methods to determine dose delivered and regional deposition, respectively. The 2D images were used to generate the percentage of the dose that was deposited in each region (nose, throat, exhaled breath filter, and wipe). A breath filter was used to recover any medication exhaled through the mouth. A wipe was used to recover any medication that dripped from the nose.

SELECT IMPORTANT SAFETY INFORMATION

- Local Nasal Effects: In clinical trials up to 52 weeks, epistaxis and nasal ulcerations were observed more frequently and some epistaxis events were more severe in patients treated with QNASL Nasal Aerosol than those who received placebo. Candida albicans infections of the nose, mouth, or throat may occur in patients using intranasal corticosteroids. Periodically monitor patients for signs of adverse effects on the nasal mucosa and discontinue QNASL Nasal Aerosol if such effects are observed. Patients with recent nasal ulcers, nasal surgery, or nasal trauma should avoid use of QNASL Nasal Aerosol until healed.
QNASL SAFETY IN AR PATIENTS

QNASL® (beclomethasone dipropionate)
Safety in Patients With Allergic Rhinitis

- In short-term trials (2-6 weeks duration) of patients with AR (N = 1394), the incidence of adverse reactions did not differ appreciably between those treated with QNASL versus placebo.
- Adverse events with ≥1% incidence and greater than placebo (N=578) in QNASL 320 µg/day-treated patients (N=575):
  - Nasal discomfort: 5.2% QNASL vs 4.8% placebo
  - Headache: 2.3% QNASL vs 1.6% placebo
  - Epistaxis: 1.9% QNASL vs 1.2% placebo

- In the long-term trial (52 weeks duration), most adverse events were similar in type and rate between the treatment groups (QNASL n=415; placebo n=111), except:
  - Epistaxis, which was more frequent and tended to be more severe in QNASL 320 µg/day versus placebo-treated patients (11% versus 2%).
  - There were no instances of nasal septal perforation observed in clinical trials with QNASL.

<table>
<thead>
<tr>
<th>Adverse Event</th>
<th>QNASL 320 µg/day (N = 575)</th>
<th>Placebo (N = 578)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nasal discomfort</td>
<td>5.2%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Headache</td>
<td>2.3%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Epistaxis</td>
<td>1.9%</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

SELECT IMPORTANT SAFETY INFORMATION

- Systemic corticosteroid effects such as hypercorticism and adrenal suppression may appear if intranasal corticosteroids are used at very high dosages or at the regular dosage in susceptible individuals. If such changes occur, discontinue QNASL Nasal Aerosol slowly.
- Intranasal corticosteroids may cause a reduction in growth velocity when administered to pediatric patients. Growth of pediatric patients receiving QNASL Nasal Aerosol should be routinely monitored.

PATIENT RESOURCES

As a nurse practitioner (NP) or physician assistant (PA), it’s important to have resources for your patients at your fingertips. One practical tool for your patients is the appointment prep sheet. Use this sheet as a working tool to help understand your patients’ needs.
In addition to the appointment prep sheet, there are more resources available to better help your patients. Share with your patients the benefits of the QNASL Loyalty Card. The Loyalty Card helps most insured patients pay no more than $25 monthly out-of-pocket with a maximum benefit of $75 per Rx or up to $900 per year.*

* Certain limits and restrictions apply. See card for details.

For patients interested in learning how to use the aerosol device, have them watch the video “Day 1 with QNASL.” The video features step-by-step instructions for how to prime, use, and store your QNASL device.

For detailed information on how to use QNASL, watch the short video above. It features step-by-step instructions for how to prime, use, and store your QNASL device.

**SELECT IMPORTANT SAFETY INFORMATION**

- Hypersensitivity reactions including anaphylaxis, angioedema, urticaria, and rash have been reported following the nasal administration of other beclomethasone dipropionate products and orally inhaled beclomethasone dipropionate products. Angioedema, urticaria, and rash have been reported after the administration of QNASL Nasal Aerosol. Discontinue QNASL Nasal Aerosol if any such reactions occur.

- Patients who have immune system problems or use drugs that suppress the immune system (e.g., corticosteroids) may be more susceptible to infections than healthy individuals. Patients may experience a more serious or even fatal course of chickenpox or measles. QNASL Nasal Aerosol should be used with caution, or not at all, in patients with active or quiescent tuberculosis; untreated fungal, bacterial, viral, or parasitic infections; or ocular herpes simplex.

**HOW TO USE QNASL**

For detailed information on how to use QNASL, watch the short video above. It features step-by-step instructions for how to prime, use, and store your QNASL device.

**QNASL PATIENT INFORMATION AND INSTRUCTIONS**

- Resource for your patients to learn how to use QNASL, side effects and much more
- Available in English. Spanish coming soon.

**CLICK TO DOWNLOAD**
Considerations for QNASL® as a Treatment Option

QNASL offers:

- Waterless aerosol delivery
- Durable device
- Demonstrated efficacy and safety
- Accurate and consistent dose with each spray
- Integrated spray counter, counts sprays in increments of 1, numerically displays remaining sprays, and helps patients determine when it’s time to refill their QNASL prescription
- Savings program featuring QNASL Loyalty Card

Select Important Safety Information

- There were no instances of nasal septal perforation observed in clinical trials with QNASL Nasal Aerosol; however, instances of nasal septal perforation have been reported in patients following the intranasal application of other beclomethasone dipropionate products. Periodically monitor patients for signs of adverse effects on the nasal mucosa and discontinue QNASL Nasal Aerosol if such effects are observed.

- Glaucoma, cataracts, and increased intraocular pressure may be associated with intranasal corticosteroid use. Closely monitor patients with a change in vision or with a history of increased intraocular pressure, glaucoma, and/or cataracts.

Need More Information?

Interested in learning more about QNASL? Click here to request a visit from your local Teva Respiratory sales professional.
QNASL (beclomethasone dipropionate) Nasal Aerosol is a prescription medication that treats seasonal nasal and year-round nasal allergy symptoms in adults and adolescents 12 years of age and older.

**IMPORTANT SAFETY INFORMATION**

- In clinical studies, nosebleeds and nose ulcers were more common in patients treated with QNASL Nasal Aerosol than patients who received placebo. Some nosebleeds were more severe in patients treated with QNASL Nasal Aerosol than in patients who received placebo. Tell your healthcare provider if you start to have nosebleeds or nasal ulcers after using QNASL Nasal Aerosol.
- Thrush (*Candida*), a fungal infection in your nose, mouth, or throat, may occur. Tell your healthcare provider if you have any redness or white colored patches in your mouth or throat.
- You should avoid using QNASL Nasal Aerosol until your nose is healed if you have a sore in your nose, you have had recent surgery on your nose, or if your nose has been injured, because QNASL Nasal Aerosol may cause slow wound healing.
- Some people who use corticosteroids may have eye problems such as increased pressure in the eye (glaucoma) or cataracts. If you have a history of glaucoma or cataracts or have a family history of eye problems, you should have regular eye exams while you use QNASL Nasal Aerosol.
- Serious allergic reactions can happen in people taking QNASL Nasal Aerosol. Stop using QNASL Nasal Aerosol and call your healthcare provider right away or get emergency help if you experience shortness of breath or trouble breathing, skin rash, redness, swelling, severe itching, or swelling of your lips, tongue, or face.
- People are more likely to get infections if they have immune system problems or use drugs, including corticosteroids, which may weaken the body’s ability to fight infections. Avoid contact with people who have infections like chickenpox or measles while using QNASL Nasal Aerosol.
- The most common side effects with QNASL Nasal Aerosol are nasal discomfort, nosebleeds, and headache.
- Tell your healthcare provider if you have any side effect that bothers you or that does not go away.
- These are not all of the possible side effects of QNASL Nasal Aerosol. For more information, ask your healthcare provider or pharmacist.
- You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.
2. IMS NDTI 2010-2012.

What is allergic rhinitis?

Burden of the Disease & Unmet Need

The Journal of Family Practice

Other Health Problems Are Reported More Frequently in Patients With Allergic Rhinitis

Management of Allergic Rhinitis

No Improvement in Patient-Reported AR Symptom Control in 2010 Compared With 2006

Intranasal Corticosteroids

Aerosol Sprays Make a Welcome Return

21st Century Nasal Allergy Symptom Relief
1. QNASL (beclomethasone dipropionate) Nasal Aerosol Prescribing Information. Teva Respiratory, LLC; 2012.

Improvement in Nasal Symptoms of SAR and PAR
1. 3. Data on file. Teva Respiratory, LLC.

High Nasal Deposition and Retention
1. Data on file. Teva Respiratory, LLC.

QNASL Safety in AR Patients

Why QNASL?
1. QNASL (beclomethasone dipropionate) Nasal Aerosol Prescribing Information. Teva Respiratory, LLC; 2012.

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