**Azelastine and Fluticasone Furoate combination nasal Spray in Allergic Rhinitis**

- Allergic Rhinitis (AR) is a global health problem affecting as many as 500 million people worldwide and a major cause of morbidity, medical costs, and lost time to work, school, and other activities.
- Clearly, there is a need for new and more effective allergic rhinitis treatments.

- Intranasal corticosteroids may be considered as initial therapy for AR in patients with more severe symptoms, particularly nasal congestion.

- Intranasal sprays are recommended as targeted therapy for AR as they provide direct delivery of medication to the nasal mucosa.

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- Clearly, it's time for new and more effective allergic rhinitis treatments.

**Fluticasone propionate for use in Seasonal Allergic Rhinitis**

- Fluticasone propionate aerosol nasal spray (FP) is an intranasal steroid primarily used for treating allergic rhinitis in adults and children.

- FP is effective in improving both nasal and ocular symptoms associated with SAR.

- Fluticasone propionate is approved by the USFDA for the treatment of Non-Allergic Rhinitis (NAR).

- In a double-blind, placebo-controlled, parallel-group trial including 609 subjects, FP (220 µg q.d.) showed significantly greater improvement in sympotms compared with placebo (p = 0.01). 1

- In a meta-analysis of 8 randomized, double-blind and placebo-controlled studies, FP showed statistically significant reductions in symptom scores compared with vehicle placebo in 471 SAR patients.

- FP showed a reduced incidence of symptoms that could be ascribed to vehicle placebo, thereby reducing the risk of symptom rebound to the vehicle placebo.

- In a European multicentre study of 143 children with seasonal allergic rhinitis, FP nasal spray reduced the non-nasal symptom scores in 1511 patients compared with vehicle placebo (p = 0.03). 2

- Patients receiving FP (100/200 µg q.d.) demonstrated statistically significant improvements in median nasal symptom scores as shown in the summary table. 3

- Use of intranasal corticosteroids was significantly reduced in the FP100/200 group compared with placebo.

- Results of a meta-analysis of 16 trials including 2898 patients (1538 treated with FP and 1360 with placebo) showed that Mometasone furoate nasal spray was associated with a significant reduction in Total non-nasal symptom scores (TNSS) (SMD - 1.29; 95% CI: -1.63 to -0.95; p < 0.00001). 4

- Significant effect for nasal stuffiness/congestion (-0.41), rhinorrhoea (-0.44), sneezing (-0.40) and nasal itching (-0.39); Figure 1. 5

**Mometasone Furoate Nasal Spray for Allergic Rhinitis, Rhinosinusitis and Nasal Polyps**

- Mometasone furoate, a potent, topically active, synthetic, 17-heterocyclic corticosteroid was originally introduced for the treatment of dermatological conditions.

- Mometasone Furoate Nasal Spray was approved by the USFDA for the treatment of perennial allergic rhinitis (PAR), perennial non-allergic rhinitis (P-NAR) and seasonal allergic rhinitis (SAR).

- Mometasone Furoate Nasal Spray was associated with a significant improvement in Total non-nasal symptom scores (TNSS) (SMD - 1.36; 95% CI: -1.56 to -1.16; p < 0.00001; I² = 50.1%). 6

- A significant effect for nasal stuffiness/congestion (-0.41), rhinorrhoea (-0.44), sneezing (-0.40) and nasal itching (-0.39; Figure 1). 7

- The American Academy of Allergy, Asthma, and Immunology (AAAAI) ARIA guidelines recommend the use of nasal corticosteroids for the initial treatment of SAR.

- Mometasone furoate nasal spray was associated with a significant reduction in Total non-nasal symptom scores (TNSS) (SMD - 1.29; 95% CI: -1.63 to -0.95; p < 0.00001). 8

- Significant effect for nasal stuffiness/congestion (-0.41), rhinorrhoea (-0.44), sneezing (-0.40) and nasal itching (-0.39; Figure 1). 9

- The combination of azelastine and fluticasone furoate may offer a better relief for patients in moderate-severe symptoms of Allergic Rhinitis.

**References**

The between-treatment difference in least squares (LS) mean change from baseline in nasal congestion/obstruction over 4 weeks of treatment was -0.14 (p = 0.0007) and for total polyp size score at week 16 was -0.30 (p < 0.0001) for MFNS vs. placebo respectively.

MFNS was effective and well tolerated in this population of adult, Chinese patients with Nasal Polyps.

Mometasone furoate nasal spray (MFNS) has been on the market for two decades and has high effectiveness, an excellent safety profile and underlined by 20 years of worldwide prescriptions.

INDICATIONS
1. Treatment of Nasal Symptoms of Allergic Rhinitis in patients ≥2 years of age
2. Treatment of Nasal Congestion associated with Seasonal Allergic Rhinitis in patients ≥2 years of age
3. Prophylaxis of Seasonal Allergic Rhinitis in patients ≥12 years of age
4. Treatment of Nasal Polyps in patients ≥18 years of age

DOSAGE AND ADMINISTRATION
For Intranasal Use Only
Treatment of Nasal Symptoms of Allergic Rhinitis
Adults & Adolescents (12 yrs and older): 2 sprays in each nostril once daily
Children (2-11 yrs): 1 spray in each nostril once daily

Treatment of Nasal Congestion associated with Seasonal Allergic Rhinitis
Adults & Adolescents (12 yrs and older): 2 sprays in each nostril once daily
Children (2-11 yrs): 1 spray in each nostril once daily

Prophylaxis of Seasonal Allergic Rhinitis
Adults & Adolescents (12 yrs and older): 2 sprays in each nostril once daily
Children (2-11 yrs): 1 spray in each nostril twice daily

Treatment of Nasal Polyps
Adults (18 yrs and older): 2 sprays in each nostril twice daily.
2 sprays in each nostril once daily may also be effective in some patients.

References: