Does your patient's allergic rhinitis treatment have what it takes?

Dymista Delivers:

Proven superiority over FP or AZE monotherapy in relieving moderate-severe AR symptoms*1-3

Superior improvement in rTNSS over 14 days with Dymista® 125 /50 vs. FP (P = 0.001), AZE (P < 0.001) and placebo (P < 0.001) (meta-analysis, 3 phase III, randomised, placebo controlled studies, n = 3.398)²



Speed

Clinically relevant onset of action within **30 minutes**^{2,4}



Strength

Twice the allergic rhinitis symptom relief vs. FP or AZE monotherapy^{11,3}

 † Placebo subtracted rT7SS compared to FP (P = 0.0013) and AZE (P = 0.0004) at day 14, post-hoc analysis (n = 610)



Sustainability

Sustained nasal symptom relief through 52 weeks of treatment*5

 † Change from baseline in rTNSS score over 52 weeks (n = 388, Dymista® 125/50 vs. FP was P = 0.0048 at 28 weeks and P = 0.0642 at 52 weeks NS)



Dymista 125/50

Dymista Delivers:

Relief from a full range of nasal and ocular symptoms for moderate-severe AR patients*1,2,4

*Successful reductions in rTNSS and rTOSS in efficacy and safety studies of Dymista® 125/50



Dymista® 125/50 is indicated for the symptomatic treatment of moderate to severe allergic rhinitis and rhino-conjunctivitis in adults and children 12 years and older where use of a combination (intranasal antihistamine and glucocorticoid) is appropriate⁴

PBS Information: This product is not listed on the PBS.

Please review Product Information before prescribing. Full Product Information is available at www.medicines.org.au/files/gopdymis.pdf or on request by calling 1800 314 527.

Dymista® 125/50 (azelastine hydrochloride 125μg / fluticasone proprionate 50μg) nasal spray 17mL, 120 sprays). **Indications:** Symptomatic treatment of moderate to severe allergic rhinitis and rhino-conjunctivitis in adults and children 12 years and older where use of a combination (intranasal antihistamine and glucocorticoid) is appropriate. **Dosage:** Adults and adolescents (≥ 12 yrs): One spray in each nostril twice daily. **Contraindications:** Hypersensitivity to the active substance(s) or excipients. **Precautions:** Pregnancy (Cat B3) and lactation; operating machinery or driving motor vehicle; use with alcohol or other CNS depressants, somnolence; patients with recent nasal ulcers, surgery or injury to nose or mouth; patients susceptible to candida infections (e.g. diabetics); visual disturbance, glaucoma and/or cataracts; HPA axis effect/suppression, adrenal function impairment; tuberculosis or untreated respiratory infection; children and adolescents (< 12yrs); severe hepatic and renal impairment. **Interactions:** Cytochrome P450 3A4 inhibitors (potential increase fluticasone proprionate exposure) eg: ritonavir, ketoconazole, cimetidine; CNS depressants. **Adverse Effects:** Common: headache, dysgeusia, unpleasant smell; Uncommon: epistaxis, nasal discomfort, sneezing, nasal dryness, cough, dry throat and irritation; Very rare: somnolence; nasal septal perforation; hypersensitivity including anaphylactic reactions, angioedema and bronchospasm. **Min Pl Updated:** 19 Jun 2018.

Abbreviations: AH, antihistamine; AZE, azelastine; FP, fluticasone propionate; INCS, intranasal corticosteroid; NS, Not significant; rT7SS, reflective total of 7 symptom scores; rTNSS, reflective total nasal symptom score; rTOSS, reflective total ocular symptom score.

References: 1. Meltzer E, et al. Int Arch Allergy Immunol. 2013;161:369-77. 2. Carr W, et al. J Allergy Clin Immunol. 2012;129(5):1282-9. 3. Hampel FC, et al. Ann Allergy Asthma Immunol. 2010;105: 168-73. 4. Dymista® 125/50 Approved Product Information. 5. Price D, et al. J Investig Allergol Clin Immunol. 2013;23(7):495-503.

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