

Nasal allergy sufferers report

Congestion at night can be a **BIG** problem



How **BIG**?

In a nasal allergy survey*

48% of respondents reported difficulty falling asleep due to congestion

51% said that congestion woke them up

Congestion during the day can also be a BIG problem for sufferers

In the same survey

59% of adults reported that they were affected at work



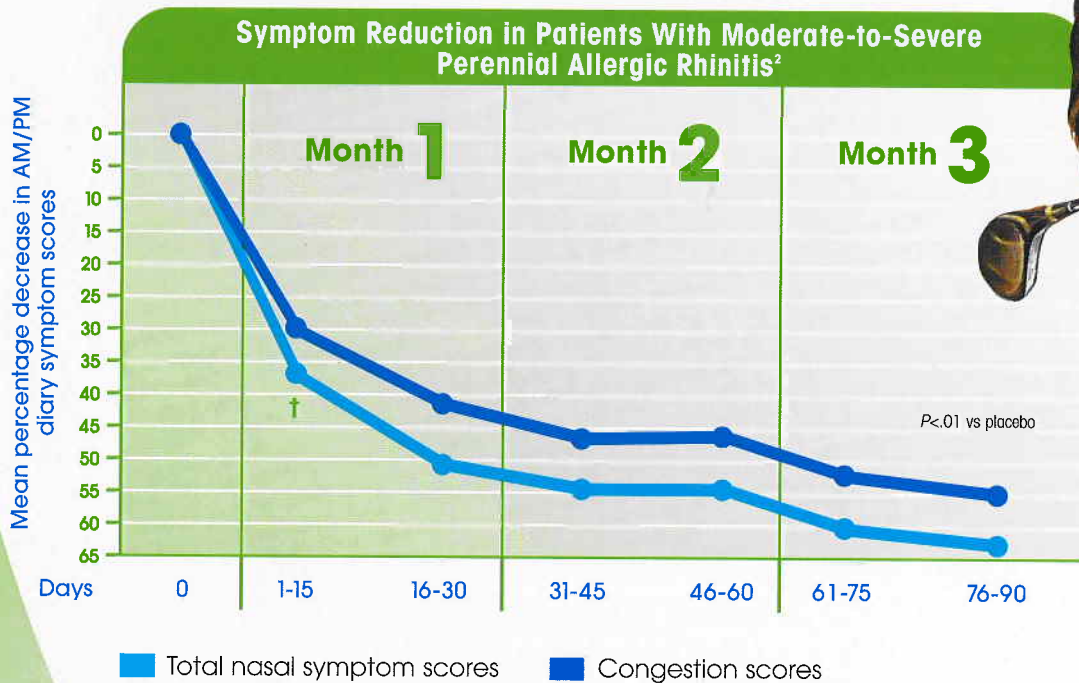
*An Internet survey of 2002 adult allergic rhinitis sufferers with nasal congestion or parents of a child with allergic rhinitis with nasal congestion. 2004.

For the treatment of all nasal allergy symptoms in patients 2 years and older
12 years and older when initiated 2 to 4 weeks prior to allergy season

NASONEX[®] for **BIG CONGESTION**

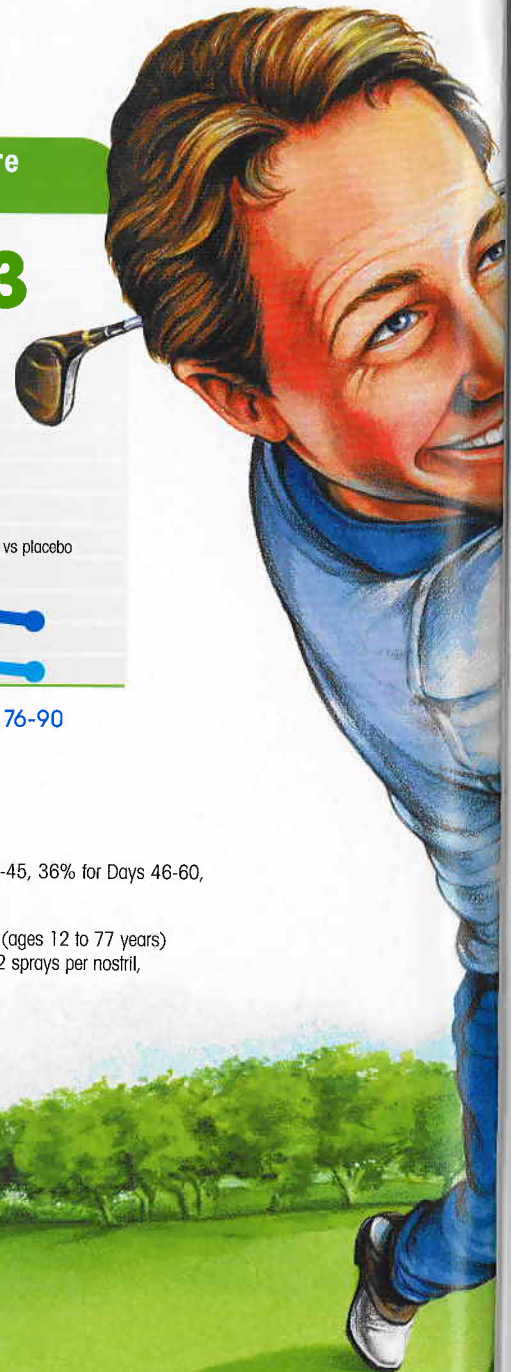
TREATS...

**BIG reduction in congestion
sustained throughout a 90-day study²**



Mean percentage decrease for placebo was 22% for Days 1-15, 32% for Days 16-30, 35% for Days 31-45, 36% for Days 46-60, 38% for Days 61-75, and 39% for Days 76-90.

¹Primary efficacy endpoint. Randomized, double-blind, placebo-controlled, multicenter study of 550 patients (ages 12 to 77 years) with perennial allergic rhinitis. Patients were treated for 12 weeks with either 200 mcg mometasone furoate (2 sprays per nostril, once daily), 200 mcg fluticasone propionate (2 sprays per nostril, once daily), or placebo.



For the prophylaxis of seasonal nasal allergy symptoms in patients
For the treatment of nasal polyps in patients 18 years and older.

N RELIEF night and day...

...and helps PREVENT

The only nasal-inhaled steroid also indicated to help PREVENT congestion and other seasonal nasal allergy symptoms

The only nasal-inhaled steroid approved by the FDA to treat nasal polyps

- Significant reduction in polyp grade versus placebo[†]
- Significant reduction in congestion versus placebo[‡]

Two 4-month, multicenter, randomized, double-blind, parallel-group, 3-arm studies (Study 1—N=354, Study 2—N=310) evaluating 2 doses of mometasone furoate nasal spray compared with placebo in subjects with nasal polyps.

[†]Co-primary efficacy endpoint: Change from baseline to last assessment during the entire 4 months of treatment.

[‡]Co-primary efficacy endpoint: Change from baseline in congestion/obstruction averaged over the first month of the treatment period.

Aqueous

NASONEX[®]

(mometasone furoate monohydrate)
Nasal Spray, 50mcg*

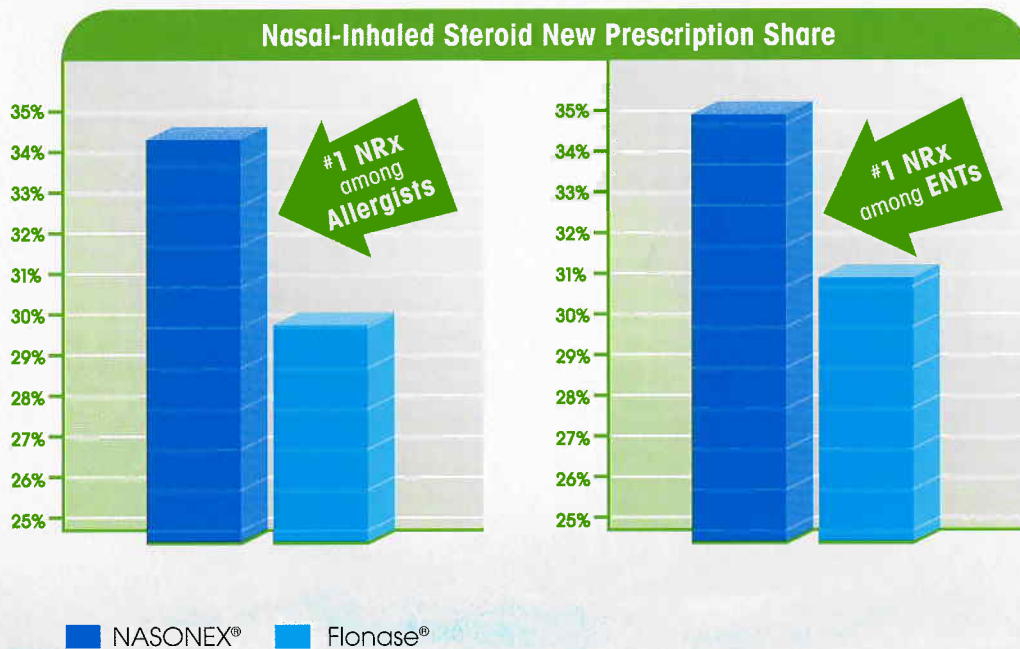
*calculated on the anhydrous basis

BIG congestion relief



NASONEX®—BIG with physi

Allergists and ENTs prescribe for tough-to-treat congestion—
NASONEX® continues to be their #1 new Rx†



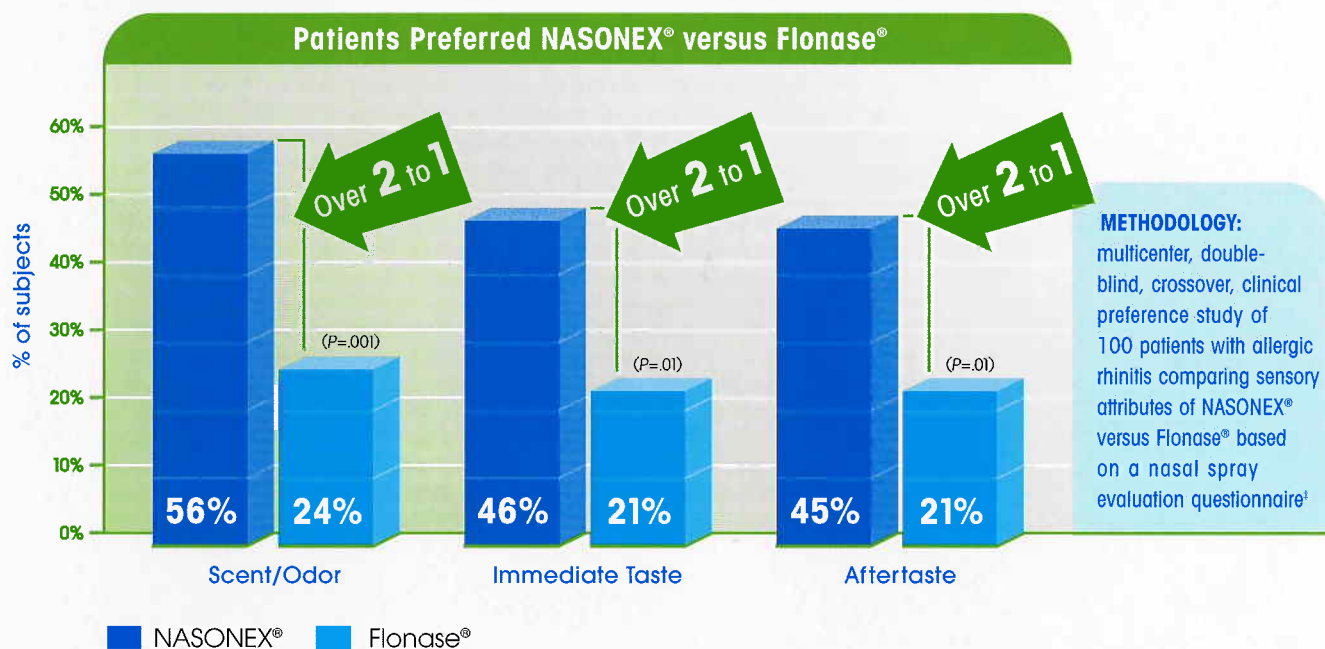
†Nasal-inhaled steroid prescription share data from NDCHealth DCA, March 2005–August 2005.



cians, preferred by patients

Based on scent and taste attributes in a head-to-head preference study³

Patient-preferred 2 to 1 versus Flonase[®]



Patients preferred NASONEX[®] overall

— Primary endpoint: NASONEX[®] 53%,
Flonase[®] 34% (P<.05)

**And NASONEX[®]
is alcohol free**

Flonase is a registered trademark of GlaxoSmithKline.

³Concealed doses of NASONEX[®] and Flonase[®] were administered 30 minutes apart in random order to blindfolded patients. Prior to each dose, patients cleansed palate and olfactory senses. Following each dosing, patients completed questionnaires evaluating 8 sensory attributes: scent/odor, immediate taste, aftertaste, less drip down, less run out, soothing, less irritation, and urge to sneeze; patients also rated overall preference and likelihood of use as directed.

Aqueous

NASONEX[®]

(mometasone furoate monohydrate)
Nasal Spray, 50mcg*

*calculated on the anhydrous basis

BIG congestion relief

Because nasal allergy sufferers report congestion at night can be a BIG problem

Choose NASONEX[®] for **BIG** congestion relief night and day

- BIG congestion relief—the only nasal-inhaled steroid that's also FDA approved to help PREVENT congestion
- BIG congestion relief—the only nasal-inhaled steroid that's also FDA approved to treat nasal polyps



Aqueous
NASONEX[®]
(mometasone furoate monohydrate)
Nasal Spray, 50mcg*
*calculated on the anhydrous basis
BIG congestion relief

WARNING: The replacement of a systemic corticosteroid with a topical corticosteroid can be accompanied by signs of adrenal insufficiency.

In clinical trials, using the recommended dose, the overall incidence of adverse events was comparable to vehicle placebo. The most commonly reported adverse events, not necessarily drug related, were, for NASONEX[®] and vehicle placebo, respectively: headache (17–26% vs 18–22%), viral infection (8–14% vs 9–11%), pharyngitis (10–12% vs 10%), epistaxis (8–13% vs 5–9%), and coughing (7–13% vs 6–15%).

References: 1. Roper Public Affairs and Media. Impact of nasal congestion among allergic rhinitis sufferers. 2004. 2. Based on a mometasone furoate aqueous nasal spray controlled study. Protocol no. I94-079. 3. Meltzer EO, Bardelas J, Goldsobel A, Kaiser H. A preference evaluation study comparing the sensory attributes of mometasone furoate and fluticasone propionate nasal sprays by patients with allergic rhinitis. *Treat Respir Med.* 2005; (4):289-296.

Please see enclosed full Prescribing Information.