AVAMYS® NASAL SPRAY
鼻眼適®噴鼻劑

PRESENTATION

AVAMYS Nasal Spray is a white, uniform suspension. Each spray of the suspension delivers approximately 27.5 micrograms of micronised fluticasone furoate as an ex-device dose.

INDICATIONS

Treatment of Allergic Rhinitis
AVAMYS Nasal Spray is indicated for the treatment of the symptoms of seasonal and perennial allergic rhinitis in patients 2 years of age and older.

DOSAGE AND ADMINISTRATION

Avamys nasal spray is for administration by the intranasal route only.

For full therapeutic benefit regular, scheduled usage is recommended. Onset of action has been observed as early as 8 hours after initial administration. However, it may take several days of treatment to achieve maximum benefit, and the patient should be informed that their symptoms will improve with continuous regular use. The duration of treatment should be restricted to the period that corresponds to allergenic exposure.

Adults and Adolescents 12 Years of Age and Older
The recommended starting dosage is 110 micrograms once daily administered as 2 sprays (27.5 micrograms/spray) in each nostril. Titrate an individual patient to the minimum effective dosage to reduce the possibility of side effects. When the maximum benefit has been achieved and symptoms have been controlled, reducing the dosage to 55 micrograms (1 spray in each nostril) once daily may be effective in maintaining control of allergic rhinitis symptoms.

Children 2 to 11 Years of Age
The recommended starting dosage in children is 55 micrograms once daily administered as 1 spray (27.5 micrograms/spray) in each nostril. Children not adequately responding to 55 micrograms may use 110 micrograms (2 sprays in each nostril) once daily. Once symptoms have been controlled, the dosage may be decreased to 55 micrograms once daily.

Children (under 2 years of age)
There are no data to recommend use of AVAMYS Nasal Spray for the treatment of seasonal or perennial allergic rhinitis in children under two years of age.

Elderly
No dose adjustment is required in this population.
Renal Impairment
No dosage adjustment is required in patients with renal impairment.

Hepatic Impairment
No dose adjustment is required in patients with hepatic impairment. Caution should be exercised when dosing patients with severe hepatic impairment as patients with hepatic impairment may be more at risk of systemic adverse reactions associated with corticosteroids (see Warning and Precautions).

CONTRAINDICATIONS
AVAMYS Nasal Spray is contra-indicated in patients with hypersensitivity to any of the ingredients.

WARNINGS AND PRECAUTIONS
Based on data with another glucocorticoid metabolised by CYP3A4, co-administration with ritonavir is not recommended because of the potential risk of increased systemic exposure to fluticasone furoate. (see Interactions).
Systemic effects with nasal corticosteroids have been reported, particularly at high doses prescribed for prolonged periods. These effects are much less likely to occur than with oral corticosteroids and may vary in individual patients and between different corticosteroid preparations. A reduction in growth velocity has been observed in children treated with fluticasone furoate 110 micrograms daily for one year (see Adverse Reactions and Clinical Studies). Therefore, children should be maintained on the lowest dose which delivers adequate symptom control (see Dosage and Administration). As with other intranasal corticosteroids, physicians should be alert to potential systemic steroid effects including ocular changes (see Clinical Studies).

INTERACTIONS
Fluticasone furoate is rapidly cleared by extensive first-pass metabolism mediated by the cytochrome P450 3A4. In a drug interaction study of intranasal fluticasone furoate with the potent CYP3A4 inhibitor ketoconazole, there were more subjects with measurable fluticasone furoate plasma concentrations in the ketoconazole group (6 of the 20 subjects) compared to placebo (1 of the 20 subjects). This small increase in exposure did not result in a statistically significant difference in 24-hour serum cortisol levels between the two groups. The enzyme induction and inhibition data suggest that there is no theoretical basis for anticipating metabolic interactions between fluticasone furoate and the cytochrome P450-mediated metabolism of other compounds at clinically relevant intranasal doses. Therefore, no clinical studies have been conducted to investigate interactions of fluticasone furoate on other drugs. (see Warnings and Precautions)

PREGNANCY AND LACTATION
Adequate data are not available regarding the use of AVAMYS Nasal Spray during pregnancy and lactation in humans. AVAMYS Nasal Spray should be used in pregnancy only if the benefits to the mother outweigh the potential risks to the foetus.
Fertility
There are no data in humans. (see Pre-Clinical Safety Data, Reproductive toxicology)

Pregnancy
Following intranasal administration of AVAMYS Nasal Spray at the maximum recommended human dose (110 micrograms/day), plasma fluticasone furoate concentrations were typically non-quantifiable and therefore potential for reproductive toxicity is expected to be very low (see Pre-Clinical Safety Data, Reproductive toxicology)

Lactation
The excretion of fluticasone furoate into human breast milk has not been investigated.

EFFECTS ON ABILITY TO DRIVE AND USE MACHINES

Based on the pharmacology of fluticasone furoate and other intranasally administered steroids, there is no reason to expect an effect on ability to drive or to operate machinery with AVAMYS Nasal Spray.

ADVERSE REACTIONS

Data from large clinical trials were used to determine the frequency of adverse reactions. The following convention has been used for the classification of frequency: Very common (≥1/10); common (≥1/100 to <1/10); uncommon (≥1/1,000 to <1/100); rare (≥1/10,000 to <1/1,000); very rare (<1/10,000).

Clinical Trials Data

Respiratory, thoracic and mediastinal disorders

<table>
<thead>
<tr>
<th>Very common</th>
<th>Epistaxis</th>
</tr>
</thead>
<tbody>
<tr>
<td>In adults and adolescents, the incidence of epistaxis was higher in longer-term use (more than 6 weeks) than in short-term use (up to 6 weeks). In paediatric clinical studies of up to 12 weeks duration the incidence of epistaxis was similar between AVAMYS Nasal Spray and placebo.</td>
<td></td>
</tr>
<tr>
<td>Common:</td>
<td>Nasal ulceration</td>
</tr>
</tbody>
</table>

Children

Musculoskeletal and connective tissue disorders

<table>
<thead>
<tr>
<th>Not known:</th>
<th>Growth retardation</th>
</tr>
</thead>
<tbody>
<tr>
<td>In a one-year clinical study assessing growth in pre-pubescent children receiving 110 micrograms of fluticasone furoate once daily, an average treatment difference of -0.27 cm per year in growth velocity was observed compared to placebo (see Clinical Studies).</td>
<td></td>
</tr>
</tbody>
</table>
Post-Marketing Data

**Immune system disorders**

| Rare: | Hypersensitivity reactions including anaphylaxis, angioedema, rash, and urticaria |

**Nervous system disorders**

| Commons: | Headache |

**Respiratory, thoracic and mediastinal disorders**

| Uncommon: | Rhinalgia, nasal discomfort (including nasal burning, nasal irritation and nasal soreness), nasal dryness. |
| Very rare | Nasal septum perforation |

**OVERDOSE**

**Symptoms and Signs**
In a bioavailability study, intranasal doses of up to 24 times the recommended daily adult dose were studied over three days with no adverse systemic effects observed.

**Treatment**
Acute overdose is unlikely to require any therapy other than observation.

**USE IN SPECIFIC POPULATIONS**

**Elderly**
Only a small number of elderly subjects (n=23/872; 2.6%) provided pharmacokinetic data. There was no evidence for a higher incidence of subjects with quantifiable fluticasone furoate concentrations in the elderly, when compared to the younger subjects.

**Children**
Fluticasone furoate is typically not quantifiable (less than 10 picograms/mL) following intranasal dosing of 110 micrograms once daily. Quantifiable levels were observed in less than 16% of paediatric patients following intranasal dosing of 110 micrograms once daily and only less than 7% of paediatric patients following 55 micrograms once daily. There was no evidence for a higher incidence of quantifiable levels of fluticasone furoate in younger children (less than 6 years of age).

**Renal impairment**
Fluticasone furoate is not detectable in urine from healthy volunteers after intranasal dosing. Less than 1% of dose-related material is excreted in urine and therefore renal impairment would not be expected to affect the pharmacokinetics of fluticasone furoate.

**Hepatic impairment**
There are no data with intranasal fluticasone furoate in patients with hepatic impairment. Data are available following inhaled administration of fluticasone furoate (as fluticasone...
furoate or fluticasone furoate/vilanterol) to subjects with hepatic impairment that are also applicable for intranasal dosing. A study of a single 400 microgram dose of orally inhaled fluticasone furoate in patients with moderate hepatic impairment (Child-Pugh B) resulted in increased $C_{\text{max}}$ (42%) and AUC(0-∞) (172%) and a modest (on average 23%) decrease in cortisol levels in patients compared to healthy subjects. Following repeat dosing of orally inhaled fluticasone furoate/vilanterol for 7 days, there was an increase in fluticasone furoate systemic exposure (on average two-fold as measured by AUC$_{(0-24)}$) in subjects with moderate or severe hepatic impairment (Child-Pugh B or C) compared with healthy subjects. The increase in fluticasone furoate systemic exposure in subjects with moderate hepatic impairment (fluticasone furoate/vilanterol 200/25 micrograms) was associated with an average 34% reduction in serum cortisol compared with healthy subjects. There was no effect on serum cortisol in subjects with severe hepatic impairment (fluticasone furoate/vilanterol 100/12.5 micrograms).

Based on these findings the average predicted exposure of 110 micrograms of intranasal fluticasone furoate in this patient population would not be expected to result in suppression of cortisol.

**Other pharmacokinetic**

Fluticasone furoate is typically not quantifiable (less than 10 picograms/mL) following intranasal dosing of 110 micrograms once daily. Quantifiable levels were only observed in less than 31% of patients aged 12 years and above and in less than 16% of paediatric patients following intranasal dosing of 110 micrograms once daily. There was no evidence for gender, age (including paediatrics), or race to be related to those subjects with quantifiable levels, when compared to those without.

**CLINICAL STUDIES**

**Adult and Adolescent Seasonal Allergic Rhinitis**

Once daily 110 micrograms AVAMYS Nasal Spray resulted in a significant improvement in daily reflective (how patient felt over the preceding 12 hours) and instantaneous (how patient felt at the time of assessment) pre-dose total nasal symptom scores (rTNSS and iTNSS, comprising rhinorrhea, nasal congestion, sneezing and nasal itching) and daily reflective and instantaneous total ocular symptom scores (rTOSS, comprising itching/burning, tearing/watering and redness of the eyes) versus placebo (see table below). The improvement in nasal and ocular symptoms was maintained over the full 24 hours after once daily administration.

<table>
<thead>
<tr>
<th>Study</th>
<th>Primary Endpoint: Daily rTNSS</th>
<th>Secondary Endpoint: Daily rTOSS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LS Mean Difference</td>
<td>P-value (95% CI)</td>
</tr>
<tr>
<td>FFR20001</td>
<td>-2.012</td>
<td>&lt;0.001 (-2.58, -1.44)</td>
</tr>
<tr>
<td>FFR30003</td>
<td>-0.777</td>
<td>0.003 (-1.28, -0.27)</td>
</tr>
<tr>
<td>FFR103184</td>
<td>-1.757</td>
<td>&lt;0.001 (-2.28, -1.23)</td>
</tr>
</tbody>
</table>

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The distribution of the patients’ perception of overall response to therapy (using a 7-point scale ranging from significantly improved to significantly worse) favoured AVAMYS Nasal Spray 110 micrograms over placebo, with a statistically significant treatment difference. Onset of action was experienced as early as eight hours after initial administration in two studies. Significant improvement in symptoms was observed in the first 24 hours in all four studies, and continued to improve over several days. The patients’ quality of life (as assessed by the Rhinoconjunctivitis Quality of Life Questionnaire – RQLQ), was significantly improved from baseline with AVAMYS Nasal Spray compared to placebo (Minimum Important Difference in all studies = improvement of at least -0.5 over placebo; treatment difference -0.690, p<0.001, 95% CI -0.84, -0.54).

<table>
<thead>
<tr>
<th>FFR104861</th>
<th>-1.473</th>
<th>&lt;0.001 (-2.01, -0.94)</th>
<th>-0.600</th>
<th>0.004 (-1.01, -0.19)</th>
</tr>
</thead>
</table>

rTNSS = reflective total nasal symptom scores; rTOSS = reflective total ocular symptom scores; LS = Least square; LS Mean Difference = LS mean change from baseline in active – LS mean change from baseline in placebo; CI = Confidence interval

Adult and Adolescent Perennial Allergic Rhinitis

AVAMYS Nasal Spray 110 micrograms once daily resulted in a significant improvement in daily rTNSS (LS mean difference = -0.706, P=0.005, 95% CI -1.20, -0.21). The improvement in nasal symptoms was maintained over the full 24 hours after once daily administration. The distribution of patients’ perception of overall response to therapy was also significantly improved compared to placebo.

In a two-year study designed to assess the ocular safety of fluticasone furoate (110 micrograms once daily intranasal spray), adults and adolescents with perennial allergic rhinitis received either fluticasone furoate (n=367) or placebo (n=181). The primary outcomes [time to increase in posterior subcapsular opacity (≥0.3 from baseline in Lens Opacities Classification System, Version III (LOCS III grade)) and time to increase in intraocular pressure (IOP; ≥7 mmHg from baseline)] were not statistically significant between the two groups. Increases in posterior subcapsular opacity (≥0.3 from baseline) were more frequent in subjects treated with fluticasone furoate 110 micrograms [14 (4%)] versus placebo [4 (2%)] and were transient in nature for ten subjects in the fluticasone furoate group and two subjects in the placebo group. Increases in IOP (≥7 mmHg from baseline) were more frequent in subjects treated with fluticasone furoate 110 micrograms: 7 (2%) for fluticasone furoate 110 micrograms once daily and 1 (<1%) for placebo. These events were transient in nature for six subjects in the fluticasone furoate group and one placebo subject. At weeks 52 and 104, 95% of subjects in both treatment groups had posterior subcapsular opacity values within ± 0.1 of baseline values for each eye and, at week 104, ≤1% of subjects in both treatment groups had ≥0.3 increase from baseline in posterior subcapsular opacity. At weeks 52 and 104, the majority of subjects (>95%) had IOP values of within ± 5mmHg of the baseline value. Increases in posterior subcapsular opacity or IOP were not accompanied by any adverse events of cataracts or glaucoma.

Children

The paediatric posology is based on assessment of the efficacy data across the allergic rhinitis population in children. In a seasonal allergic rhinitis study in children, AVAMYS Nasal Spray...
110 micrograms over two weeks was effective on primary (daily rTNSS LS mean difference = -0.616, P=0.025, 95% CI -1.15, -0.08) and all secondary nasal endpoints, except the individual reflective score for rhinorrhea. No significant differences were observed between 55 micrograms AVAMYS Nasal Spray and placebo on any endpoint.

In a perennial allergic rhinitis study, AVAMYS Nasal Spray 55 micrograms was effective on daily rTNSS (LS mean difference = -0.754, P=0.003, 95% CI -1.24, -0.27). Although there was a trend towards improvement in rTNSS in 110 micrograms, this did not reach statistical significance (LS mean difference = -0.452, P=0.073, 95% CI -1.24, -0.04). Post-hoc analysis of efficacy data over 6 and 12 weeks from this study, and a 6 week HPA-axis safety study, each showed that the improvement in rTNSS for AVAMYS Nasal Spray 110 micrograms nasal spray over placebo was statistically significant.

A randomised, double-blind, parallel-group, multicenter, one-year placebo-controlled clinical growth study evaluated the effect of fluticasone furoate nasal spray 110 micrograms daily on growth velocity in 474 prepubescent children (5 to 7.5 years of age for girls and 5 to 8.5 years of age for boys) with stadiometry. Mean growth velocity over the 52-week treatment period was lower in the patients receiving fluticasone furoate (5.19 cm/year) compared to placebo (5.46 cm/year). The mean treatment difference was -0.27 cm per year [95% CI -0.48 to -0.06].

**PRE-CLINICAL SAFETY DATA**

**Carcinogenesis, mutagenesis**
There were no treatment-related increases in the incidence of tumours in two year inhalation studies in rats and mice.
AVAMYS Nasal Spray was not genotoxic in vitro or in vivo.

**Reproductive toxicology**
The potential for reproductive toxicity was assessed in animals by inhalation administration to ensure high systemic exposure to fluticasone furoate. There were no effects on mating performance or fertility of male or female rats. In rats, developmental toxicity was confined to an increased incidence of incompletely ossified sternabrae in association with lower foetal weight. High doses in rabbits induced abortion. These findings are typical following systemic exposure to potent corticosteroids. There were no major skeletal or visceral abnormalities in either rats or rabbits, and no effect on pre- or post-natal development in rats.

**Animal toxicology and/or pharmacology**
Findings in general toxicology studies were similar to those observed with other glucocorticoids and are not considered to be clinically relevant to intranasal use of AVAMYS Nasal Spray.

**SHELF-LIFE**
The expiry date is indicated on the packaging.

**SPECIAL PRECAUTIONS FOR STORAGE**
The storage condition is indicated on the packaging.

**INSTRUCTIONS FOR USE/HANDLING 使用/處理方法**

Patients should be instructed that the device must be primed before first use and re-primed if the cap is left off or the device does not seem to be working. In order to prime the device, the nasal spray needs to be shaken vigorously for about 10 seconds with the cap on. This is important as AVAMYS Nasal Spray is a thick suspension that becomes liquid when vigorously shaken. It will only spray when it becomes liquid. The patient must then press the button firmly all the way in, approximately 6 times until a fine mist is seen, (to ensure a full-dose is delivered). Once primed the patient must shake the nasal spray vigorously each time before use. The cap must be replaced after use to keep the nozzle clean and to prevent the need for re-priming.

患者必須留意，在首次使用新噴霧劑裝置前，必須先對裝置進行預備程序，並且在塵蓋沒有被蓋回或噴霧劑看似未能正常運作時，再次重新預備噴霧劑裝置。預備噴霧劑裝置時，需蓋回塵蓋，並把噴霧劑用力搖勻，大約十秒。這個步驟十分重要。由於fluticasone furoate是一種黏稠的懸浮液，只有用力搖勻後，它才會液化，繼而才能夠被噴灑出來。接着，患者須緊緊地按實按鈕，重覆大約 6 次，直至看見一團幼細的噴霧（以確保獲得全劑量的藥）。預備好噴霧劑裝置後，患者每次使用前，都必須用力搖勻鼻用噴霧劑。用完噴霧劑後，必須蓋回塵蓋，以保持噴嘴清潔和避免需要再次對噴霧劑裝置進行預備。

This section includes the following information:

- The nasal spray
- 6 important things you need to know about Avamys Nasal Spray
- Preparing the nasal spray
- Using the nasal spray
- Cleaning the nasal spray

本部分包含以下資訊：

- 本鼻用噴霧劑
- 六項您需要知道有關鼻用噴霧劑的重要事項
- 如何預備本鼻用噴霧劑
- 如何使用本鼻用噴霧劑
- 如何清潔本鼻用噴霧劑

**The nasal spray 本鼻用噴霧劑**

- Your medicine comes in a brown glass bottle inside a plastic casing. It will contain 120 sprays, depending on the pack size that has been prescribed for you. (picture a)
A window in the plastic casing allows you to see how much medicine is left. You will not be able to see the liquid level for a new 120 spray bottle because the liquid level is above the window.

A removable cap protects the nozzle from dust and prevents it from blocking up.

Six important things you need to know about Avamys Nasal Spray

1. The nasal spray comes in a brown glass bottle. To check how much is left hold the nasal spray upright against a bright light. You will then be able to see the level through the window.

2. When you first use the nasal spray you must shake it vigorously with the cap on for about 10 seconds.
This is important as Avamys Nasal Spray is very thick and becomes more liquid when you shake it well (picture b). It will only spray when it becomes liquid.

當您首次使用鼻用噴霧劑，您必須蓋回塵蓋，並把噴霧劑用力搖勻，大約十秒。這個步驟十分重要。由於鼻用噴霧劑是一種黏稠的懸浮液，只有用力搖勻後，它才會液化（圖b），繼而才能夠被噴灑出來。

3. The button on the side must be pressed firmly all the way in, to release a spray through the nozzle (picture c).

必須緊緊地按實瓶邊的按鈕，以讓藥物從噴嘴噴出（圖c）。

4. If you have difficulty pressing the button with your thumb, you can use two hands (picture d). Alternatively, you may hold the device back to front (or the other way round) and press the button using your forefinger, middle finger and ring finger.

若您難以用拇指按下按鈕，您可以使用雙手（圖d）。或者，您可以把噴霧劑裝置前後倒轉，並以食指、中指和無名指來按下按鈕。

5. Always keep the cap on the nasal spray when you are not using it. The cap keeps the dust out, seals in the pressure and stops the nozzle from blocking up. When the cap is in place the button on the side can’t be pressed accidentally.

不使用鼻用噴霧劑時，緊記蓋回塵蓋。塵蓋可以防塵、保持瓶內的氣壓，並防止噴嘴堵塞。當塵蓋被蓋回，可防止瓶邊的按鈕被意外按下。

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Preparing the Nasal Spray 如何預備本鼻用噴霧劑

You must prepare the nasal spray: 以下情況您必須預備噴霧劑:

- before you use it for the first time 首次使用噴霧劑前
- if you have left the cap off. 塵蓋曾經沒有被蓋回

Preparing the nasal spray helps to make sure you always get the full dose of medicine. Follow these steps: 預備噴霧劑能夠確保您時常得到全劑量的藥物。請跟從以下步驟:

- With the cap on, shake the nasal spray vigorously for about 10 seconds. 蓋回塵蓋，把噴霧劑用力搖勻，大約十秒。

- Remove the cap by gently squeezing the sides of the cap with your thumb and forefinger and pulling it straight off (picture e). 用拇指和食指輕輕地按壓塵蓋兩邊，以直接拔出麈蓋（圖 e）。

- Hold the nasal spray upright and point the nozzle away from you. 垂直拿着噴霧劑，並把噴嘴向外。

- Press the button firmly all the way in. Do this at least 6 times to release a fine spray into the air (picture f). 緊緊地按實按鈕，並重覆最少 6
The nasal spray is now ready for use.

Now you can use your nasal spray.

**Using the nasal spray 如何使用本鼻用噴霧劑**

1. Shake the nasal spray vigorously.
   用力搖勻噴霧劑。

2. Remove the cap.
   拔出塵蓋。

3. Blow your nose to clear your nostrils, and then tilt your head forward a little bit.
   搽清鼻子，然後頭稍微向前傾。

4. Hold the nasal spray upright and carefully place the nozzle in one of your nostrils (picture g).
   垂直拿着噴霧劑，並將噴嘴小心地放進其中一邊鼻孔（圖 g）。

5. Point the end of the nozzle toward the outside of your nose, away from the centre ridge of your nose. This helps direct the medicine to the right part of your nose.
   將噴嘴末端稍微向外，離開鼻中隔。這有助藥物達到鼻孔內正確部位。

6. As you breathe in through your nose, press the button once firmly all the way in (picture h).
   用鼻吸氣時，緊緊地按實按鈕一次（圖 h）。

7. Be careful not to get any spray in your eyes. If you do, rinse your eyes with water.
   小心避免不要讓藥物噴進眼睛。若果這情況發生，請用清水沖洗眼
8. Take the nozzle out and breathe out through your mouth.
拿出噴嘴，並用口呼氣。

9. If your doctor has told you to take 2 sprays per nostril, repeat steps 4 to 6.
若果您的醫生告訴您，每邊鼻孔噴 2次的話，重覆步驟 4 至 6。

10. Repeat steps 4 to 6 for your other nostril.
於另一邊鼻孔重覆步驟 4 至 6。

11. Replace the cap on the nasal spray.
把塵蓋蓋回噴霧劑。

**Cleaning the nasal spray 如何清潔本鼻用噴霧劑**

After each use:

每次用完後：

- Wipe the nozzle and the inside of the cap (picture i and j). Don’t use water to do this. Wipe with a clean, dry tissue.
  拭擦噴嘴和塵蓋內裏（圖 i 及 j）。用清潔的乾紙巾來拭擦，請勿用水來清潔。

- Never use a pin or anything sharp on the nozzle.
  請勿在噴嘴上使用別針或任何利器。

- Always replace the cap once you have finished to keep out dust, seal in the pressure and stop the nozzle from blocking up.
  用完後立即蓋回塵蓋，以防染塵、保持瓶內的氣壓，並防止噴嘴堵塞。

If the nasal spray does not seem to be working:

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若果鼻用噴霧劑看似未能正常運作：

- Check you still have medicine left. Look at the level through the window. If the level is very low there may not be enough left to work the nasal spray.

  檢查是否仍有藥物剩下。透過窗格看看藥物的剩餘水平。若果水平太低，剩餘的藥物未必足以令噴霧劑正常運作。

- Check the nasal spray for damage.

  檢查噴霧劑是否有損壞。

- If you think the nozzle may be blocked, don’t use a pin or anything sharp to clear it.

  若果您認為噴嘴可能有堵塞，請勿使用別針或任何利器來清理。

- Try to reset it by following the instructions under ‘Preparing the nasal spray for use’.

  跟從「如何預備本鼻用噴霧劑」的指示，嘗試重新設置噴霧劑。

- If it is still not working, or if it produces anything other than a fine mist (such as a jet of liquid), or if you feel any discomfort using the spray, return it to your pharmacist.

  若果噴霧劑仍然未能正常運作，或所釋出的並非幼細噴霧（例如射出液體），又或使用噴霧劑時感到任何不適，請把噴霧劑退回您的藥劑師。