

# 6-Month Build-up Step 3 & Step 4

**WARNING:** In the event that a dose is missed, **DO NOT** attempt to make-up for the missed dose. Consult with your healthcare provider before continuing use.

## STEP #3

Week 1						
<input type="checkbox"/> Day 1 1 spray	<input type="checkbox"/> Day 2 1 spray	<input type="checkbox"/> Day 3 1 spray	<input type="checkbox"/> Day 4 1 spray	<input type="checkbox"/> Day 5 1 spray	<input type="checkbox"/> Day 6 1 spray	<input type="checkbox"/> Day 7 1 spray
Week 2						
<input type="checkbox"/> Day 8 1 spray	<input type="checkbox"/> Day 9 1 spray	<input type="checkbox"/> Day 10 1 spray	<input type="checkbox"/> Day 11 1 spray	<input type="checkbox"/> Day 12 1 spray	<input type="checkbox"/> Day 13 1 spray	<input type="checkbox"/> Day 14 1 spray
Week 3						
<input type="checkbox"/> Day 15 2 sprays	<input type="checkbox"/> Day 16 2 sprays	<input type="checkbox"/> Day 17 2 sprays	<input type="checkbox"/> Day 18 2 sprays	<input type="checkbox"/> Day 19 2 sprays	<input type="checkbox"/> Day 20 2 sprays	<input type="checkbox"/> Day 21 2 sprays
Week 4						
<input type="checkbox"/> Day 22 2 sprays	<input type="checkbox"/> Day 23 2 sprays	<input type="checkbox"/> Day 24 2 sprays	<input type="checkbox"/> Day 25 2 sprays	<input type="checkbox"/> Day 26 2 sprays	<input type="checkbox"/> Day 27 2 sprays	<input type="checkbox"/> Day 28 2 sprays
Week 5						
<input type="checkbox"/> Day 29 3 sprays	<input type="checkbox"/> Day 30 3 sprays	<input type="checkbox"/> Day 31 3 sprays	<input type="checkbox"/> Day 32 3 sprays	<input type="checkbox"/> Day 33 3 sprays	<input type="checkbox"/> Day 34 3 sprays	<input type="checkbox"/> Day 35 3 sprays
Week 6						
<input type="checkbox"/> Day 36 3 sprays	<input type="checkbox"/> Day 37 3 sprays	<input type="checkbox"/> Day 38 3 sprays	<input type="checkbox"/> Day 39 3 sprays	<input type="checkbox"/> Day 40 3 sprays	<input type="checkbox"/> Day 41 3 sprays	<input type="checkbox"/> Day 42 3 sprays

## STEP #4

Week 7						
<input type="checkbox"/> Day 43 1 spray	<input type="checkbox"/> Day 44 1 spray	<input type="checkbox"/> Day 45 1 spray	<input type="checkbox"/> Day 46 1 spray	<input type="checkbox"/> Day 47 1 spray	<input type="checkbox"/> Day 48 1 spray	<input type="checkbox"/> Day 49 1 spray
Week 8						
<input type="checkbox"/> Day 50 1 spray	<input type="checkbox"/> Day 51 1 spray	<input type="checkbox"/> Day 52 1 spray	<input type="checkbox"/> Day 53 1 spray	<input type="checkbox"/> Day 54 1 spray	<input type="checkbox"/> Day 55 1 spray	<input type="checkbox"/> Day 56 1 spray
Week 9						
<input type="checkbox"/> Day 57 2 sprays	<input type="checkbox"/> Day 58 2 sprays	<input type="checkbox"/> Day 59 2 sprays	<input type="checkbox"/> Day 60 2 sprays	<input type="checkbox"/> Day 61 2 sprays	<input type="checkbox"/> Day 62 2 sprays	<input type="checkbox"/> Day 63 2 sprays
Week 10						
<input type="checkbox"/> Day 64 2 sprays	<input type="checkbox"/> Day 65 2 sprays	<input type="checkbox"/> Day 66 2 sprays	<input type="checkbox"/> Day 67 2 sprays	<input type="checkbox"/> Day 68 2 sprays	<input type="checkbox"/> Day 69 2 sprays	<input type="checkbox"/> Day 70 2 sprays
Week 11						
<input type="checkbox"/> Day 71 3 sprays	<input type="checkbox"/> Day 72 3 sprays	<input type="checkbox"/> Day 73 3 sprays	<input type="checkbox"/> Day 74 3 sprays	<input type="checkbox"/> Day 75 3 sprays	<input type="checkbox"/> Day 76 3 sprays	<input type="checkbox"/> Day 77 3 sprays
Week 12						
<input type="checkbox"/> Day 78 3 sprays	<input type="checkbox"/> Day 79 3 sprays	<input type="checkbox"/> Day 80 3 sprays	<input type="checkbox"/> Day 81 3 sprays	<input type="checkbox"/> Day 82 3 sprays	<input type="checkbox"/> Day 83 3 sprays	<input type="checkbox"/> Day 84 3 sprays

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## WARNINGS

- **CALL 911 and use EpiPen® Autoinjector immediately if you experience shortness of breath, difficulty breathing, swelling of the throat or tongue, irregular heart rate, or any other life-threatening emergency.**
- **STOP USE and contact your doctor if you experience oral itching, diarrhea, throat infections, or if you are planning to have major dental surgery.**

## Directions

Administer doses at the same time each morning.

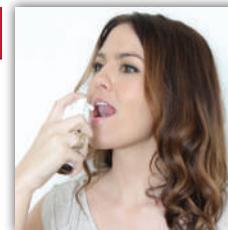
### STEP 1

Rinse mouth with water thoroughly prior to dosing.



### STEP 2

Spray under tongue from a distance of 1 inch.



### STEP 3

Hold for 2 minutes, then swallow.

