

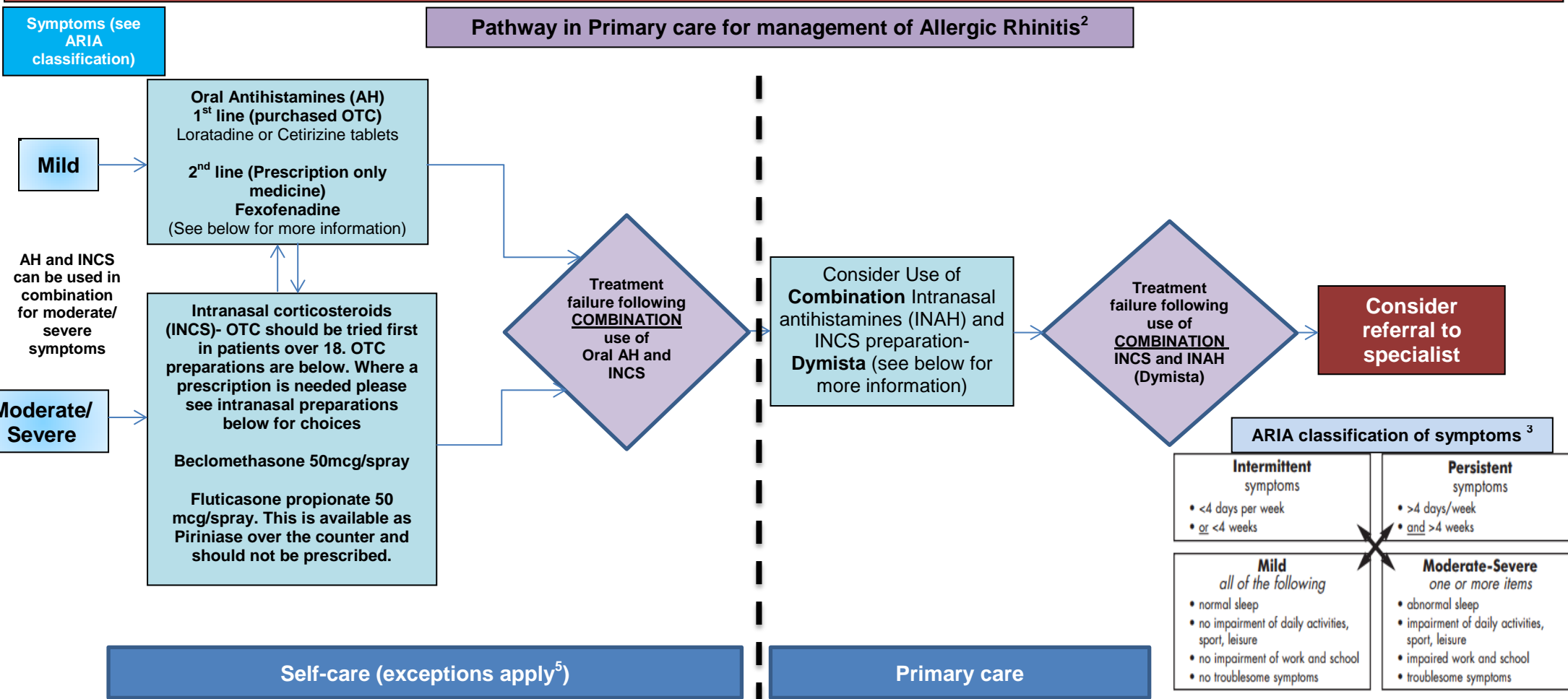
MANAGEMENT OF ALLERGIC RHINITIS in Primary care v4

These guidelines have been updated from last year to include NHS England guidance on Conditions for which over the counter items should not routinely be prescribed in primary care. **This document is for use by health care professionals only and must not be used for marketing/promotion uses or any other purpose**

NHS England recommends that prescriptions for mild to moderate hay fever and seasonal rhinitis should **not** routinely be offered in primary care⁵. This guide has been updated to include examples of products that can be purchased over the counter (OTC). Patients should be encouraged to manage symptoms over the counter unless general exemptions apply. Where a prescription is deemed necessary these items **should not be placed on "repeat"** to ensure regular review of prescribing. **Concordance with treatment should be checked at all stages before increasing therapy.** Patients with ongoing symptoms must be **checked for asthma symptoms**. 80% of asthma sufferers have concomitant rhinitis; poor control is a risk factor for asthma exacerbations².

Self-care to be recommended: prevention (e.g avoiding triggers), treatment and saline douching - eye drops can be used to control eye symptoms not managed by oral antihistamines

Step up treatment following check of concordance to treatment and step down if controlled every 8-12 weeks



ORAL ANTIHISTAMINES

- **First line treatments are available OTC and are generally inexpensive when generic preparations are purchased. Fexofenadine is on formulary as a prescription only medicine**
- Non-sedating antihistamines are the drug of choice for most patients as they have fewer unwanted effects².

INTRANASAL PREPARATIONS

Intranasal corticosteroids (INCS)

- **Beclomethasone and fluticasone propionate can both be purchased OTC for patients over 18 years.**
- **Short term intranasal decongestants (eg xylometazoline) can be recommended for short term use (max one week consecutively) and are available OTC.**
- 1st line choice INCS is **mometasone 50mcg/spray** 140 dose generic spray.
- 2nd line choice INCS is **beclomethasone 50mcg/spray** 200 dose container generic only.
- 3rd line choice INCS is **Fluticasone furoate** 27.5mcg/spray (Avamys) or **fluticasone propionate** 50mcg/spray prescribed as **Nasofan** brand and 150 dose container
- Advise patient on the importance of good nasal spray technique and that full effect may not be felt until a few days of use
- Where combination of oral AH and INCS has failed (after 8-12 weeks) then combination intranasal antihistamine and INCS can be considered in the form of **Dymista**. Check concordance to prior treatment before prescribing. Reduce the dose of INCS to a maintenance dose once symptoms are controlled

EYE DROPS

Both INCS and oral antihistamines are usually effective for eye symptoms but if additional treatment is required consider:

- **Sodium cromoglicate** is a mast cell stabilizer which may support prolonged control of symptoms – **patients should purchase this OTC**
- An ocular antihistamine, Otrivine Antistin® (xylometazoline and antazoline) is suitable for rapid, short term relief of infrequent ocular symptoms - **available OTC**

SPECIAL PATIENT GROUPS

Prescribing for children

- Cetirizine 1mg/ml is safe and effective and can be used from age 1- **OTC item**
- **Loratadine liquid (5mg/5ml)** is an alternative- **OTC item**
- If INCS is required for short term use due to systemic absorption, consider mometasone nasal spray (3 years +) or Nasofan (4 years +)

Pregnancy and breastfeeding

- **INCS** (fluticasone propionate and beclomethasone) is the treatment of choice. If this is not tolerated or additional treatment needed¹ - oral antihistamine (**loratadine**). **Intranasal sodium cromoglicate** (first 3 months) and **nasal douching** (with saline) can also be used. Saline douching available OTC or can be home made.

TREATMENT OPTIONS NOT ROUTINELY RECOMMENDED IN PRIMARY CARE

Antihistamines	<ul style="list-style-type: none"> • Mizolastine 10mg MR tabs has been implicated in causing an abnormal prolongation of the QT interval² (£6.92 for 30 days) • Cetirizine 10mg capsules cost £12.47 for 30 days and Bilastine 20mg tabs cost £15.09 for 30 days. These are considered to be less cost effective • Acrivastine 8mg caps needs to be given three times a day and is therefore less desirable from the perspective of adherence to therapy² (£21.83 for 30 days)
Kenalog® injection	Depot steroids should not be prescribed for hay fever. Evidence of safety is lacking ² , and there is a significant risk of prolonged side-effects (e.g. osteoporosis) which cannot be mitigated by withdrawal of the drug
Grazax® EKPG Recommendation	Treatment should only be initiated by an allergy specialist 4 months prior to the start of hay fever season and be continued daily for 3 years. This is expensive and only to be considered when other anti-allergy treatments have failed. Note that NHS England has commissioning responsibility for this treatment and therefore Grazax should not be initiated for new patients. Patients that were prescribed Grazax® prior to May 2013 may still receive the drug on prescription from the GP if clinically appropriate.

EFFICACY OF MEDICATION TYPES ON SYMPTOMS²

Drug class	<i>Sneezing</i>	<i>Rhinorrhoea</i>	<i>Nasal Obstruction</i>	<i>Nasal itching</i>	<i>Eye symptoms</i>
Antihistamines					
• Oral	++	++	+	+++	++
• Intranasal	++	++	+	++	None
• Eye drops	None	None	None	None	+++
Intranasal Corticosteroids (INCS)	+++	+++	++	++	++
Mast cell stabilisers (Eye Drops)	None	None	None	None	++
Intranasal Decongestants	None	None	++++	None	None
Intranasal Anticholinergics	None	++	None	None	None
Leukotriene receptor antagonist	None	+	++	None	++
Intranasal steroids and Intranasal antihistamine	+++	+++	+++	+++	+++

COST COMPARISON OF FORMULARY ITEMS- check SPC for dose	
Medication	Cost per 28 day use at adult dose- Oct 2018 Drug tariff prices ⁴
Oral antihistamines	
Loratadine* 10mg tablets- 30 pack- SPC	£0.66
Loratadine* 1mg/ml- 100ml bottle- SPC	£1.66/bottle
Cetirizine* 10mg tablets- 30 pack - SPC	£0.86
Cetirizine* 1mg/ml- 200ml bottle - SPC	£1.22/bottle
Fexofenadine 120mg tablets – 30 pack - SPC	£1.90
Fexofenadine 180mg tablets – 30 pack - SPC	£2.99
Intranasal Corticosteroids	
Mometasone 50mcg/spray 140 dose pack- SPC	£1.42 initial, £0.71 maintenance
Beclomethasone* 50mcg/spray 200 dose pack- SPC	£3.06 initial, £1.53 maintenance
Nasofan* 50mcg/spray 150 dose pack - SPC	£6 initial, £3 maintenance
Fluticasone Furoate 27.5mcg/spray 120 dose pack - SPC	£6.01 initial, £3 maintenance
Intranasal Corticosteroids and Intranasal antihistamine	
Dymista (fluticasone propionate 50mcg and azelastine 137mg/spray) 120 dose pack - SPC	£14.80
Eye drops	
Sodium cromoglicate* 2% eye drops 13.5ml - SPC	Cost per bottle- £10.63

Useful Links

[Patient information on use of nasal sprays](#)

[Patient information on performing saline nasal douching](#)

REFERENCES

1. Clinical knowledge summaries. Allergic rhinitis last updated 2015 [online] www.cks.nhs.uk/allergic_rhinitis. Last accessed 10/8/2017
 2. BSACI guideline for the diagnosis and management of allergic and non-allergic rhinitis (Revised Edition 2017; First edition 2007)[online] <http://onlinelibrary.wiley.com/doi/10.1111/cea.12953/epdf> (last accessed 10/8/2017)
 3. ARIA at-A-Glance Pocket Reference 2007 1st Edition- Allergic Rhinitis and its impact on asthma.2007 (online) http://aia.ca/learnthelink/images/ARIA_07_At_A_Glance_1st_Edition_July_07.pdf (last accessed 10/8/2017)
 4. All prices taken from Drug Tariff online October 2018
- * OTC available but often as different pack size/brand
5. NHS England. Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs March 2018. Online <https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf>. Last accessed 29/10/2018