DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)

Allergic Rhinitis in adults and adolescents over 12 years of age

Background

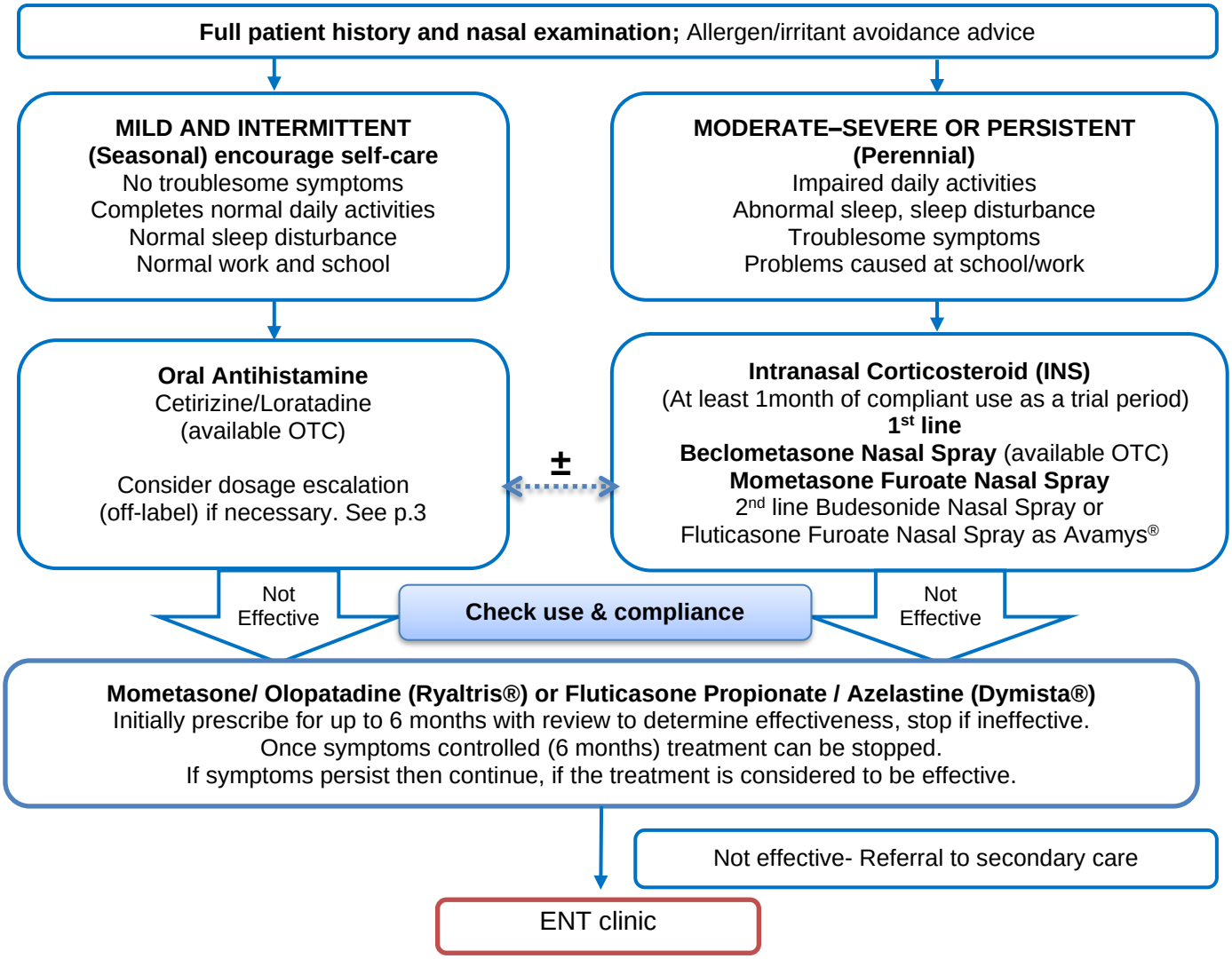
Allergic Rhinitis (AR) is common and affects 10–15% of children and 26% of adults in the UK[1].
Self-management strategy should be provided to all patients[2]

- Signposting sources of information and support e.g. Allergy UK or NHS website
- Consider saline nasal irrigation to rinse the nasal cavity using a spray, pump, or squirt bottle, which can be bought over-the-counter.
- Advice on allergen avoidance techniques if there is a specific identified causative allergen

For treatments of minor self-limiting nasal congestion patients are encouraged to self-care.

Challenges for existing and new patient treatment options include the high proportion of patients who suffer from moderate or severe disease, or persistent disease, who experience breakthrough symptoms whilst on therapy, and are dissatisfied and non-compliant with their medication. Moderate to severe allergic rhinitis is a challenge to treat, with many patients using multiple therapies and achieving limited symptom control.

ALLERGIC RHINITIS TREATMENT PATHWAY



Dose of nasal steroids

Drug	Strength	Dose as per BNF	28d Cost (maintenance)	INS Bio-availability
Beclometasone (1st line) Available OTC	50microgams/ metered spray	2 sprays into each nostril **twice daily** Max. total 400micrgrams (8 sprays) daily When symptoms controlled reduce to 1 spray into each nostril twice daily	£2.65 x 200 doses **£ 1.48 for 28 days**	44%
Mometasone (1st line)	50micrograms/ metered spray	2 sprays into each nostril **once daily**, increased if necessary to 4 sprays into each nostril once daily. When control achieved reduce to 1 spray into each nostril once daily	£4.59 x 140 doses **£1.83 for 28 days**	0.5%
Budesonide	64micrograms/ metered spray	2 sprays into each nostril **once in the morning** *or* 1 spray into each nostril twice daily. When controlled reduce to 1 spray into each nostril once daily	£5.65 x 120 doses **£2.64 for 28 days**	33%
Fluticasone furoate (Avamys)	27.5microgram s/ metered spray	2 sprays into each nostril **once daily** increased to twice daily if required. When controlled reduce to 1 spray into each nostril once daily	£6.44 x 120 doses **£3.00 for 28 days**	0.5%
Mometasone furoate/ Olopatadine (Ryaltris®)	25micrograms+ 600microgram/ spray	2 sprays into each nostril **twice daily**	£13.32 x 240 doses **£12.43 for 28 days**	-
Fluticasone propionate/ azelastine hydrochlor (Dymista)	50micrograms+ 137 microgram/ metered spray	1 spray into each nostril **twice daily**.	£14.80 x 120 doses **£13.81 for 28 days**	-

Price as per March2022Drug Tariff

Intranasal beclometasone and budesonide have high bioavailability compared to mometasone and fluticasone- the latter are more suitable when multiple sites are treated with topical corticosteroids in the same person e.g. if the patient is already on an inhaled steroid, or has a relative contraindication to steroid such as glaucoma or diabetes, or for use in children and for long-term therapy. Beclometasone nasal spray has an alcohol base and thus not tolerated by some patients (it causes burning) affecting their compliance.

Dose of oral antihistamines

Drug	Dose as per BNF	GP to prescribe prior to referral*	Comments
Cetirizine 10mg tablets (available OTC)	10mg once daily	10mg can be given 2-3 times daily	Patients might be titrated to four times a day dosing by the consultant
Loratadine 10mg tablets (available OTC)	10mg once daily	10mg dose can be given twice daily	

*off license dosing as recommended by consultants

Dose of eye drops

Drug	Strength	Dose as per BNF
Antazoline/xylometazoline (Otrivine-Antistin) (OTC)	0.5%/0.05%	1 drop into each eye 2-3 times a day
Sodium cromoglicate (available OTC)	2%	1 drop into each eye four times daily
Olopatadine	1mg/ml	1 drop into each eye twice daily

Intranasal corticosteroied and topical antihistamine combination

Only for those patients who have **moderate to severe AR (seasonal / perennial)**.
Symptoms include

- Nasal congestion
- Rhinorrhea
- Nasal itching
- Sneezing
- Eyes – Itching/burning/watery/redness

Follow treatment pathway- Ryaltris or Dymista is for patients who are **refractory to or intolerant of standard therapies** with a nasal steroid +/- oral antihistamines, where patient's symptoms are still troublesome and negatively impacting quality of life and daily function. These patients generally present using/or having tried multiple medicines from several drug classes to try and achieve symptom control yet treatment is still perceived to be sub-optimal.

Ryaltris/ Dymista should initially be prescribed for up to 6 months. Review to determine effectiveness, stop if ineffective. If considered effective, treatment can be continued until symptoms have been controlled (6 months control), then stopped; should patient's symptoms persist again after stopping, treatment can be re-started and can be continued as long as patients continue with their symptoms depending on their allergic exposure

Secondary care Referral

Once patients have been on Maximal Medical Therapy (as per pathway above) they can then be referred to ENT clinic for specialist consultation.

The following checklist can be used for ensuring referrals are appropriate:

Age over 12 years	☐
Documented Allergic Rhinitis Symptoms	☐
Nasal steroid spray (max dose)	☐
Maximum dose of oral antihistamines	☐
Ongoing symptoms despite maximum medical therapy	☐
Eye drops **if** eye symptoms significant (optional)	☐
Ryaltris/ Dymista trial	☐

References

1. British Society of Allergy and Clinical Immunology (BSACI) guideline for the diagnosis and management of allergic and non-allergic rhinitis July 2017. https://www.bsaci.org/guidelines/bsaci-guidelines/ (Accessed 15/3/2022)
2. Clinical Knowledge Summary (CKS) Allergic rhinitis https://cks.nice.org.uk/topics/allergic-rhinitis/ (Accessed 15/3/2022)
3. Lipworth, B., Newton, J., Ram, B. et al. (2017) An algorithm recommendation for the pharmacological management of allergic rhinitis in the UK: a consensus statement from an expert panel. NPJ Prim Care Resp Med 27(3), 1-8.

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Document updates	Date updated