Allergic Rhinitis in adults and adolescents over 12 years of age

Background

Allergic Rhinitis (AR) is a disease which affects over 500 million people globally. 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. As many as 74.4% of patients use multiple therapies in an attempt to achieve symptom control. There is a wealth of evidence that supports the use of combination products over separates which aid compliance thereby reducing medicines wastage.

Fluticasone Propionate / Azelastine (Dymista®) has been reclassified to Brown - for moderate to severe seasonal and perennial allergic rhinitis (aged 12 years or over) when used in line with the allergic rhinitis pathway. This no longer requires specialist initiation.
ALLERGIC RHINITIS TREATMENT PATHWAY

Full patient history and nasal examination
Allergen/irritant avoidance advice

MILD AND INTERMITTENT
(Seasonal) encourage self-care
No troublesome symptoms
Completes normal daily activities
Normal sleep disturbance
Normal work and school

MODERATE–SEVERE OR PERSISTENT (Perennial)
Impaired daily activities
Abnormal sleep, sleep disturbance
Troublesome symptoms
Problems caused at school/work

Oral Antihistamine
Cetirizine/Loratadine
(available OTC)
Consider dosage escalation
(off-label) if necessary.
See p.3

Intranasal Corticosteroid (INCS)
(At least one month of compliant use as a trial period)
Beclometasone Nasal Spray
1st line (available OTC)
Mometasone Furoate Nasal Spray
1st line
Budenoside Nasal Spray as
Rhinocort Aqua® 2nd line
Fluticasone Furoate Nasal Spray as Avamys® 2nd line

Not Effective

Not Effective

Fluticasone Propionate / Azelastine (Dymista®)
Initially prescribe for up to 6 months with review to determine effectiveness, stop if ineffective.
Once symptoms controlled (6 months) Dymista can be stopped.
If symptoms persist then continue Dymista, if the treatment is considered to be effective.

ENT clinic

Not effective- Referral to secondary care
### Dose of nasal steroids

<table>
<thead>
<tr>
<th>Drug</th>
<th>Strength</th>
<th>Dose as per BNF</th>
<th>Cost for 28 days (maintenance dose)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beclometasone (1st line)</td>
<td>50 micrograms/metered spray</td>
<td>2 sprays into each nostril twice daily; max. total 400 micrograms (8 sprays) daily</td>
<td>£3.02 x 200 doses £1.69 for 28 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td>When symptoms controlled- one spray into each nostril twice daily</td>
<td></td>
</tr>
<tr>
<td>Mometasone (1st line)</td>
<td>50 micrograms/metered spray</td>
<td>2 sprays into each nostril once daily, increased if necessary to 4 sprays into each nostril once daily</td>
<td>£1.71 x 140 doses £0.68 for 28 days</td>
</tr>
<tr>
<td>Budesonide (Rhinocort aqua)</td>
<td>64 micrograms/metered spray</td>
<td>2 sprays into each nostril once daily in the morning or 1 spray into each nostril twice daily.</td>
<td>£4.77 x 120 doses £2.23 for 28 days</td>
</tr>
<tr>
<td>Fluticasone furoate (Avamys)</td>
<td>27.5 micrograms/metered spray</td>
<td>2 sprays into each nostril once daily increased to twice daily if required.</td>
<td>£6.44 x 120 doses £3.00 for 28 days</td>
</tr>
<tr>
<td>Fluticasone propionate/azelastine hydrochlor (Dymista)</td>
<td>50 micrograms + 137 microgram/metered spray</td>
<td>1 spray into each nostril twice daily.</td>
<td>£14.80 x 120 doses £13.81 for 28 days</td>
</tr>
</tbody>
</table>

Price as per May 2019 Drug Tariff

### Dose of oral antihistamines

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

*off license dosing as recommended by consultants

### Dose of eye drops

<table>
<thead>
<tr>
<th>Drug</th>
<th>Strength</th>
<th>Dose as per BNF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sodium cromoglicate (available OTC)</td>
<td>2% eye drops</td>
<td>1 drop into each eye four times daily</td>
</tr>
<tr>
<td>Olopatadine</td>
<td>1mg/ml eye drops</td>
<td>1 drop into each eye twice daily</td>
</tr>
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### Fluticasone propionate/azelastine hydrochlor (Dymista)

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- 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.

Dymista should initially be prescribed for up to 6 months. Review to determine effectiveness, stop Dymista if ineffective. If considered effective Dymista can be continued until symptoms have been controlled (6 months control), when Dymista should be stopped; should patient’s symptoms persist again after stopping, then Dymista 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 (see allergic rhinitis pathway) 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)
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.

Consultees
Dr Sean Mortimore, Consultant in ENT, Head & Neck Surgeon, DTHFT
Dr Katie Midwinter, Consultant, CRHFT
Professor Owen Judd, Consultant neurotologist and laryngologist UHDBFT

<table>
<thead>
<tr>
<th>Document updates</th>
<th>Date updated</th>
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<tr>
<td>p.2 include antihistamine as an option for MODERATE–SEVERE OR PERSISTENT AR</td>
<td>June 2019</td>
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