

In Primary Care when treating hay fever use the CCG recommended first line treatments are loratadine or cetirizine orally, beclometasone nasal spray and sodium cromoglicate eye drops for cost effective use of resources.

The Facts

Hay fever sufferers are allergic to pollens and spores, which stimulate release of histamine and other allergic mediators, such as prostaglandins. This results in symptoms such as sneezing, rhinorrhoea, nasal congestion, itching of the soft palate, nose and eyes, watering of the eyes, wheezing and shortness of breath. Many people self-diagnose and treat themselves as there is a product in each drug class available over the counter (OTC). Patients should be encouraged to purchase hayfever products OTC.

Hay fever treatments

Treatment is dependent on the patient preference for oral or topical therapy. In addition all patients should take practical measures to avoid pollen

Reduce exposure to pollen

- Stay indoors as much as possible, keep windows and doors shut
- Avoid cutting grass, large grassy places, and camping
- Shower and wash your hair after being outdoors, especially after going to the countryside
- Wear wrap-around sunglasses when out.
- Bring in washing, and close windows before the evening

Drug Class	Sneezing	Rhinorrhoea	Nasal obstruction	Nasal itching	Eye symptoms
Oral Antihistamines	++	++	+	+++	++
Intranasal Antihistamines	++	++	+	++	-
Intraocular Antihistamines	-	-	-	-	+++
Intranasal Corticosteroids	+++	+++	+++	++	++
Intranasal Decongestants	-	-	++++	-	-
Intranasal Cromoglicates	+	+	+	+	-
Intraocular Cromoglicates	-	-	-	-	++

Table: Effects of therapies on hay fever symptoms

KEY MESSAGES

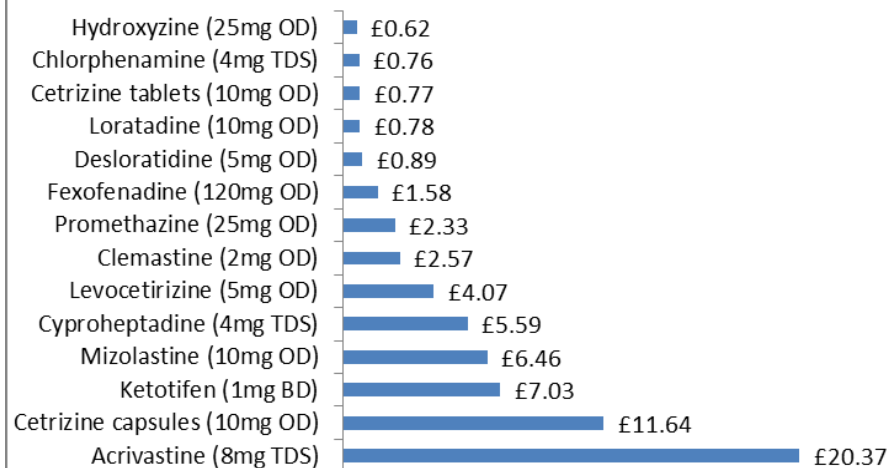
- Advise patients on avoiding excessive exposure to pollen
- Choice of treatment depends on the predominant symptoms and patients preference to oral or topical therapy
- Avoid prescribing OTC pack sizes as these are more expensive
- Oral antihistamines relieve rhinorrhoea and sneezing – there is no apparent difference in efficacy – but individual patient response may vary. The CCG currently recommends loratadine or cetirizine tablets as first line choices. There is no advantage in using desloratadine or levocetirizine and they are listed as 'BROWN' on the traffic light list
- Nasal corticosteroids are highly effective in treating hay fever - CCG currently recommends beclometasone nasal spray as the most cost effective choice in nasal spray
- Allergy-specific immunotherapy can provide symptom relief. This is reserved for those for whom other therapies have not provided adequate relief. This is not available routinely from primary care, requiring specialist treatment/referral
- Currently the CCG considers the use of oral immunotherapy Grazax® as a low priority for commissioning and does not recommend prescribing of this product in primary care. Grazax is listed as 'RED' on the traffic light list. For use in specialist paediatric allergy clinic only, in accordance with local protocol. [Children's referral guideline for SubLingual ImmunoTherapy \(SLIT\) – Grass Pollen Extract \(GRAZAX\)](#) (For Derby Hospital only)
- Patients will be identified in ENT specialist clinics in hospital and Dymista® will only be given to those patients who have moderate to severe Allergic Rhinitis. [Dymista Referral guide for Allergic Rhinitis](#)
- Depot corticosteroids injections such as Kenalog® are not recommended in primary care due to potential to cause prolonged effects and any adverse effects are difficult to reverse

Antihistamines relieve ocular symptoms, rhinorrhoea, sneezing and nasal irritation. All antihistamines are effective but response to a particular agent and occurrence of adverse effects can vary between individuals. Non-sedating oral antihistamines are preferred. The CCG recommends loratadine or cetirizine tablets as first line agents.

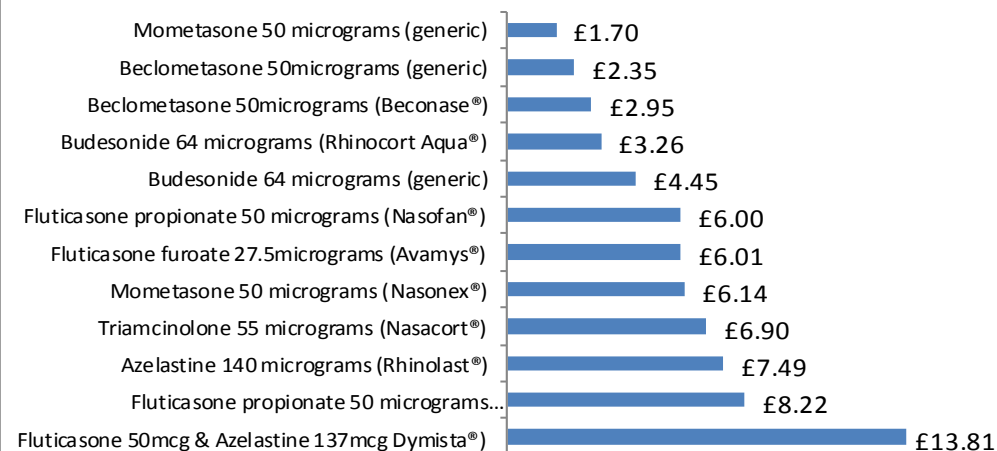
(MHRA advice re Hydroxyzine - risk of QT-interval prolongation and Torsade de Pointes (April 2015))

Intranasal corticosteroids are the treatment of choice in patients with moderate to severe hay fever. They take time to work and ideally should be used for one week before exposure to allergens and should be used regularly to keep symptoms away. There is no known difference between the efficacy of individual products so beclometasone and mometasone nasal sprays are recommended as first and second line by the CCG.

**Antihistamines Cost for 28 days treatment
Drug Tariff/BNF /MIMS online Feb 2017**



**Drugs used in Nasal Allergies (nasal sprays)
Cost for 28 days treatment (cost based on maximum daily dosing)
Drug Tariff/MIMS Online Feb 2017**



Key points

Across Derbyshire from April 2015 to March 2016

- £ 9,000 was spent on Desloratadine and Levocetirizine. Both drugs are classified as **BROWN** on the traffic light list
- £ 35,000 was spent on Acrivastine which is only available as an 'OTC' pack
- £ 219,770 was spent on fluticasone aqueous nasal spray. If this had been prescribed as Beclometasone nasal spray, the equivalent cost would be £ 53,166, resulting in savings of approximately **£168,974**. If all fluticasone had been prescribed as generic mometasone the cost would have been £ 60,799 (saving **£158,972** If generic fluticasone had been prescribed as Nasofen® savings would have been approximately £8k
- £22,000 was spent on Budesonide. If prescribed as Rhinocort Aqua® savings would have been approximately £5.5k

The CCG recommended nasal sprays are Beclometasone 50 micrograms and Mometasone (generic) 50 micrograms