NORTHERN IRELAND
MEDICINES MANAGEMENT

HSC Health and Social Care Board

Hayfever Supplement

May 2019

Promoting 'Self-Care' for Treatment of Hayfever

The Department of Health NI policy is to "***reduce the prescribing of medicines for the treatment of minor conditions and self-limiting illnesses which may be purchased at low cost without the need for a GP appointment or prescription***".

Patients are encouraged to self-care and seek advice from their local community pharmacist to help manage minor conditions and self-limiting illnesses.

Hayfever is a condition which lends itself to self-care, i.e. the person suffering does not normally need to seek medical advice and can manage the condition by purchasing over-the-counter (OTC) items directly. Therefore most people with mild to moderate symptoms are able to relieve symptoms with OTC treatments recommended by a pharmacist or purchased in local retail outlets.

To support self-care for the treatment of hayfever, HSCB has developed a number of resources including:

- A sample letter for practices regarding self-care,
- Posters directing patients to consider purchasing OTC hayfever products (hard copies will be sent directly to GP practices)
- OTC referral form for patients requesting prescriptions for self-limiting conditions where self-care would be appropriate.

Choice of Oral Antihistamines

Oral antihistamines relieve ocular symptoms, rhinorrhoea, sneezing and nasal irritation but have little effect on nasal congestion. If a decision is taken to prescribe, the **NI Formulary first line oral choices are cetirizine or loratadine tablets.** Where possible, patients who have historically taken levocetirizine or mizolastine should be reviewed and changed to either generic loratadine or cetirizine for the Spring/Summer 2019 hayfever season.

In children

Cetirizine and loratadine are licensed from 2 years of age and liquid preparations are available. However, the **liquid preparations are considerably more expensive** and should be reserved for younger children and those with swallowing difficulties.

The newer third generation antihistamines (desloratadine and levocetirizine) are not NI Formulary choices as they have not demonstrated superior efficacy compared to loratadine and cetirizine.

Product/Strength *prices - May 2019 (Drug Tariff)	Cost for 30 days*
Tablets / capsules	
Cetirizine 10mg tablets	86p
Cetirizine 10mg capsules	£13.24
Loratadine 10mg tablets	71p
Solutions	
Cetirizine 1mg/ml solution	£1.68
Loratadine 5mg/5ml solution	£4.65

REMEMBER TO REVIEW ANTIHISTAMINES TO ENSURE THEY ARE NOT ORDERED UNNECESSARILY ALL YEAR ROUND

Intranasal Corticosteroids

Intranasal corticosteroids are the treatment of choice in patients with moderate to severe hayfever as they can relieve all symptoms including nasal congestion. These preparations:

- Need to be **used regularly** to be effective; maximum efficacy occurs after a couple of weeks.
- Need to be **started 1-2 weeks before** patients are likely to become symptomatic.
- Patients should be advised on the **importance of good technique** and reminded to reduce the dose once symptoms have been controlled.
- Many of these preparations **can be bought OTC** at pharmacies and local retail outlets in adults aged 18 years and over.

If a decision is taken to prescribe, **beclometasone 50 mcg and mometasone 50mcg nasal sprays** are low cost options. In 2018 these two items accounted for approx. 45% of all nasal sprays prescribed.

Reviews have concluded that there are no striking differences in the efficacy or safety of intranasal corticosteroids, but that there is considerable variation in the daily cost.

Dymista® (fluticasone and azelastine) **is not a first-line treatment option**. Whilst shown to be *slightly* more effective than monotherapy (fluticasone), there is no data comparing Dymista® to use of a steroid nasal spray and oral antihistamine tablet which is more common current practice. **£842,000 was spent on prescriptions for Dymista® in NI in 2018.**

Product/Strength **prices—May 2019 Drug Tariff and BNF*	**Cost per item***
Beclometasone 50mcg nasal spray (200 dose)	**£3.02**
Mometasone 50mcg nasal spray (140 dose)	**£1.71**
Budesonide 64 mcg nasal spray *Rhinocort Aqua®* (120 dose)	£3.77
Budesonide 64 mcg nasal spray (120 dose)	£4.77
Fluticasone furoate 27.5mcg nasal spray *Avamys®* (120 dose)	£6.44
Triamcinolone 55mcg aqueous nasal spray *Nasacort®* (120 dose)	£7.39
Mometasone 50mcg nasal spray: *Nasonex®* (140 dose)	£7.68
Fluticasone propionate 50mcg aq nasal spray *Nasofan®* (150 dose)	£8.04
Fluticasone propionate 50mcg aqnasal spray *Flixonase®* (150 dose)	£11.01
Fluticasone 50mcg/azelastine137mcg: *Dymista®* (120 dose)	£14.80

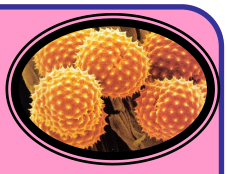
Intraocular Agents

Antihistamines and intranasal corticosteroids will also relieve ocular symptoms, therefore eye drops have a limited role in the management of hayfever symptoms.

Sodium cromoglicate 2% eye drops may be useful if ocular symptoms remain troublesome despite using an antihistamine and /or a corticosteroid. Sodium cromoglicate has a prophylactic action and must be used regularly even when symptoms improve. Please prescribe the 13.5ml pack size as this is the most cost-effective. Otrivine-Antistin® eye drops are also a suitable low cost alternative for those who require occasional ocular symptom relief.

Antihistamine eye drops (e.g. Iodoxamide 0.1% eye drops, *Alomide®*) may also be useful if a rapid resolution of ocular symptoms is required.

Practical Measures to Avoid Pollen



- Stay indoors as much as possible; keep doors and windows 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.

Additional information on self-management can be found at ***Patient UK*** (www.patient.co.uk) or **NHS Choices -** Living Well with Hayfever

This newsletter has been produced for GPs and pharmacists by the Regional Pharmacy and Medicines Management Team.

Every effort has been made to ensure that the information included in this newsletter is correct at the time of publication.
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