

**BSW CCG does not support the routine prescribing of preparations for mild to moderate seasonal hay fever or for allergic rhinitis on the NHS. Most preparations available for prescribing for hayfever/allergic rhinitis can be purchased over the counter (OTC) from pharmacies, supermarkets and reputable online retailers.**

- In line with NHS England national guidance on Over the Counter (OTC) preparations<sup>1</sup>, hay fever is a self-limiting condition which, for the majority of patients, is suitable for self-care.
- Tree pollen is released between March and September and affects 25% of sufferers; grass pollen, which affects 90% of sufferers, is released from May to late July; and fungal spores are released until September.
- Oral antihistamines, intranasal corticosteroids, and antihistamine eyedrops are the usual treatment options for hayfever and for allergic rhinitis. Most products are available to purchase OTC at the same medicinal strength as prescription only products and may be cheaper than the cost of a prescription charge particularly if purchasing **generic** rather than brands - <https://www.nhs.uk/conditions/medicines-information/>

## Guidance for primary care prescribers

- Advice to ALL patients - **Think Pharmacy First**
- For more information visit [BSWCCG.nhs.uk/self-care](https://www.bswccg.nhs.uk/self-care)
- Give lifestyle advice – See green box on P2
- In most instances, patients can be directed to self-purchase first line treatments for mild to moderate seasonal hay fever and allergic rhinitis; an FP10 should not routinely be issued for products available OTC
- Most can be purchased over the counter for all patients unless specifically excluded on OTC product license<sup>2</sup> See table on P3 for further information

If patient finds **no relief** from OTC products, refer to NICE CKS topic **Allergic Rhinitis** <https://cks.nice.org.uk/topics/allergic-rhinitis/prescribing-information/> following BSW formulary where possible [Formulary \(bswformulary.nhs.uk\)](https://www.bswformulary.nhs.uk)

## Specific Considerations – Paediatrics/Pregnancy/Breastfeeding

- If liquid antihistamines have previously been prescribed for children, consider whether a liquid is still indicated (is the child old enough to manage a tablet formulation?). If a liquid is required, cetirizine 5mg/5ml oral solution is a cost-effective choice
- Beclomethasone 50mcg/dose aqueous nasal spray is suitable from 6 years of age if a steroid nasal spray is required (must be prescribed as not licensed under 18s for sale)
- Refer to SPS for licensing and advice in pregnancy <https://www.sps.nhs.uk/articles/hayfever-or-allergic-rhinitis-treatment-during-pregnancy/>
- Refer to SPS for licensing and advice in breastfeeding - <https://www.sps.nhs.uk/articles/selecting-and-using-antihistamines-during-breastfeeding/#:~:text=antihistamine>

<sup>1</sup> <https://www.england.nhs.uk/medicines/over-the-counter-items-which-should-not-routinely-be-prescribed/>

<sup>2</sup> <https://cks.nice.org.uk/allergic-rhinitis>

## Lifestyle advice – (Allergen avoidance) - ALL PATIENTS SHOULD BE GIVEN THIS ADVICE

- For seasonal allergens like pollen, minimise outdoor activity at peak pollen times (early morning, early evening, during mowing) and avoid going outside during or after thunderstorms
- Keep house and car windows closed, especially when pollen count is high
- Avoid large grassy areas, woodland, cutting the grass, pollutants, and car fumes
- Wear wrap-around sunglasses
- When you get in from outside shower and change your clothes
- If possible, stay indoors when the pollen count is high
- Use petroleum jelly (Vaseline) inside your nose to block inhalation of pollen
- Don't dry wash outside to avoid pollen sticking to your clothes
- Consider buying a pollen filter for the air vents in the car
- Bedding to reduce exposure to house dust mite can be bought, if necessary, frequent hoovering may also help
- Patients must understand the importance of adherence to regular therapy for Allergic Rhinitis rather than PRN use.
- Smoking cessation advice/referral should be given if the patient is a smoker

## Useful Resources for Patients

- Patient information on how to use **eye drops** correctly  
[How to Use Eye Drops | Patient](#)
- Patient information on how to use **nose drops** correctly:  
<https://patient.info/health/allergies/features/how-to-use-nose-drops>
- Patient information on how to use **nasal spray** correctly:  
[Steroid Nasal Sprays | Hay Fever Nose Spray | Uses and Side Effects | Patient](#)
- Patient information on how to use Flixonase nasules:  
<https://www.medicines.org.uk/EMC/medicine/4332/PIL/Flixonase+Nasule+Drops/>

## Referral – in the following circumstances consider referring to appropriate specialist

- Unilateral rhinorrhoea- may indicate cerebrospinal fluid leak
- Unilateral nasal blockage- may indicate foreign body or tumour (URGENT referral is required)
- Nasal crusting- may indicate granulomatosis or vasculitis
- Septal perforation- may indicate granulomatous disease
- If surgery may be required (for nasal blockage, nasal polyps, anatomical variations of the septum)
- When treatment with a combination of antihistamine and inhaled nasal corticosteroid is ineffective
- To consider immunotherapy in allergic rhinitis
- When an allergic trigger is suspected & allergen avoidance could mitigate symptoms
- If occupational rhinitis is suspected (also refer to an occupational health service)
- If symptoms persist despite surgery (e.g., recurrent sinusitis or nasal polyps)
- If there is chronic infective sinusitis lasting >3 months- this may indicate immune deficiency
- If there is concern that persistent symptoms are affecting sleep or daily performance

## BSW CCG Cost Impact

- **NHS BSW** spent **over £953,650** on 262,734 prescription items for mild to moderate hay fever /allergic rhinitis during 2020-21. It should be noted that these medications are also used for perennial conditions such as urticaria as well as other allergies, so it is not possible to determine the spend on Allergic Rhinitis (seasonal or perennial)

## Medications Corticosteroid Nasal Spray- remind all hay fever sufferers to reduce the dose once symptoms are controlled

	Drug	Licensed Dosage (Over 12 yrs- for children's doses see SPC)	OTC or POM	Approx. OTC cost if generic*
<b>Corticosteroid Nasal Sprays</b>				
1st	<b>Mometasone</b> Nasal spray 50mcg/dose -prescribe generically 140 dose <i>Also licensed for nasal polyps</i>	Adults and children over 12: two sprays in each nostril once daily (total dose 200 micrograms).	<b>OTC options-</b> for 18+ only	≈£14.00 as Clarinaze (140 doses)
1st	<b>Beclometasone aqueous</b> nasal spray (50mcg/dose) prescribed as Beconase® 200 dose <i>not as Beconase Hay fever</i>	Adults and children over 12: two sprays each nostril twice daily, reduce when symptoms controlled	<b>OTC options-</b> for 18+ only	≈£7.00 (200 doses)
2nd	<b>Budesonide</b> 64mcg (Rhinocort Aqua®) 120 doses <i>Also licensed for nasal polyps</i>	Adults and children over 12: two sprays into each nostril once a day, or one spray into each nostril twice a day	<b>POM</b>	n/a
2nd	<b>Fluticasone furoate</b> 27.5 mcg (Avamys®) 120 doses	Adults and children over 12: two sprays each nostril once daily	<b>POM</b>	n/a
3rd	<b>Fluticasone propionate and azelastine</b> 137 micrograms / 50 micrograms (Dymista®)	Adults and children over 12- One actuation in each nostril twice daily (morning and evening).	<b>POM</b>	n/a
3rd	<b>Fluticasone propionate nasule</b> drops 400mcg <i>licensed for nasal polyps only</i> Expensive option.	Adults and children over 16: The contents of one container (400 micrograms) to be instilled once or twice daily. The dose should be divided between the affected nostrils.	<b>POM</b>	n/a
<b>Antihistamine Nasal Sprays</b>				
1st	<b>Azelastine</b> 140mcg (Rhinolast®) 157 sprays	Adults and children over 12: one spray into each nostril twice a day	<b>POM</b>	n/a
<b>Antimuscarinic Spray</b>				
1st	<b>Ipratropium</b> 0.03% Nasal spray 21 mcg/ spray (Rinatec®)	Adults and children over 12: Two sprays each nostril 2-3 times a day	<b>POM</b>	n/a
<b>Oral Antihistamines</b>				
1st	<b>Cetirizine</b> 10mg tablets capsules are <b>non-formulary</b> & extremely expensive	Adults and Children over 12: 10mg once a day	<b>OTC</b> Liquid available	≈£3.00 (30)
1st	<b>Loratadine</b> 10mg tablets	Adults and Children over 12: 10mg once a day	<b>OTC</b> Liquid available	≈£3.00 (30)
1st	<b>Chlorphenamine</b> 4mg tablets	1 every 4-6 hrs, max 24mg/day <b>Can cause drowsiness</b>	<b>OTC</b> Liquid available	≈£3.00 (30)
	<b>Acrivastine</b> 8mg - <b>non formulary</b>	1 up to 3 times a day	<b>OTC</b>	≈£4.80 (12) as Benadryl
2nd	<b>Fexofenadine</b> 30mg, 120mg tablets	30mg (aged 6-11) 1 twice daily 120mg (aged 12-adult) One daily 180mg (aged 12-adult) One daily	120mg now <b>OTC</b> other strengths <b>POM</b>	≈£10.50 (30) as Allevia
<b>Eye Drops</b>				
1st	<b>Sodium Cromoglicate</b> 2% eye drops-Prescribe 13.5ml- generic	1 drop into each eye up to four times per day	<b>OTC</b>	≈£5.00 (10ml)
2nd	<b>Olopatadine</b> drops (If Sod.Cromoglicate unsuccessful)	1 drop twice daily <b>max duration 4 months</b>	<b>POM</b>	n/a

\*Please note that many Pharmacies and supermarkets have "buy one get 2<sup>nd</sup> half price" deals. NB Prices may be variable and are a correct valuation at time of printing