

NORTHERN IRELAND MEDICINES MANAGEMENT

Hayfever Supplement

June 2023

£4.5 million was spent on preparations for the management and treatment of hayfever in NI 22/23

Promoting 'Self-Care' for Treatment of Hayfever

Patients are encouraged to self-care and seek advice from their local community pharmacist to help manage minor conditions and self-limiting illnesses, this includes the prevention and treatment of hayfever.

Practical measures to avoid allergens should be undertaken. In the case of grass pollen allergy this may include keeping windows shut in cars and buildings, avoid walking in grassy open spaces and showering/washing hair after being outdoors. Monitor pollen forecasts daily and stay indoors wherever possible when the count is high (generally on warmer, dry days). Individuals may undertake nasal irrigation with saline to rinse the nasal cavity using a spray, pump, or squirt bottle, which can be bought over-the-counter (OTC).

Useful resources include the Allergy UK factsheets on [Hay fever \(Allergic Rhinitis\)](#) and [Improving your indoor air quality](#), the NHS patient information leaflets [Allergic rhinitis](#) and [Hay fever](#) and the patient information leaflet [Hay Fever and Seasonal Allergies](#).



Oral Antihistamines (non-sedating)

£1.4 million spent in NI in 22/23 on non-sedating oral antihistamines

This comprised of:

Over £503K on cetirizine liquid preparations

Over £20K on cetirizine capsules

Non-sedating oral antihistamines (OAH) are the treatment of choice on an 'as-needed' basis if the person has mild-to-moderate intermittent, or mild persistent symptoms. Antihistamines relieve rhinorrhoea, sneezing, nasal irritation and ocular symptoms but have little effect on nasal congestion. Where self-care is not indicated, **cetirizine 10mg tablets** and **loratadine 10mg tablets** are the [NI Formulary](#) first line choice antihistamines.

The loratadine and cetirizine liquid preparations are considerably more expensive and should be reserved for younger children and those with swallowing difficulties.

Intranasal Corticosteroids

£1.6+ million spent in NI 22/23 on Intranasal Corticosteroids

Intranasal corticosteroids (INCS) are the treatment of choice in patients with moderate- to- severe persistent symptoms, or where initial drug treatment with antihistamine is ineffective. A regular INCS should be used during periods of



allergen exposure as they can relieve all symptoms including nasal congestion. Many INCS can be bought OTC at pharmacies for individuals aged 18 years +.

The onset of action for INCS is 6–8 hours after the first dose, but the maximal effect may not be seen until after two weeks. Individuals should be advised not to increase dose beyond the prescribed dose as there is no evidence of additional benefit, and do not switch to an alternative preparation, as they all have comparable efficacy.

If drug treatment provides adequate symptom control, advise the individual to continue treatment until they are no longer likely to be exposed to the suspected allergen. In the case of grass pollen allergy treatment is usually required from late spring to early summer. Treatment should be **started 1-2 weeks before** patients are likely to become symptomatic.

Patients should be advised on the importance of good adherence. INCS need to be used regularly to be effective.

When indicated, a low-cost option INCS should be selected. **Beclometasone 50 micrograms/dose nasal spray (200 dose) and mometasone 50 micrograms/dose nasal spray (140 dose)** are the SPPG [Cost Effective Choice](#) steroid nasal sprays and are available generically. Where a fluticasone preparation is required, **fluticasone furoate 27.5 micrograms/dose (Avamys®)** is more cost-effective.

Product	Cost (£) per item based on June 23 Drug Tariff
Beclometasone 50 micrograms/dose nasal spray (200 dose)	2.73
Mometasone 50 micrograms / dose nasal spray (140 dose)	2.76
Fluticasone furoate 27.5 micrograms / dose nasal spray 120 dose (Avamys®)	6.44
Fluticasone propionate 50 micrograms / dose nasal spray 150 dose	11.51
Triamcinolone 55 micrograms / dose nasal spray 120 dose	7.39
Budesonide 64 micrograms / dose nasal spray 120 dose	9.15
Fluticasone propionate 50 micrograms / dose / azelastine 137 micrograms / dose nasal spray 120 dose (Dymista®)	14.80

Combination intranasal antihistamine and corticosteroid (e.g. Dymista®) - NOT a 1st line choice

£1.3 million spent in NI 22/23 on Dymista®

Dymista® is not a first-line treatment option.

Prescribing an oral antihistamine with an inhaled nasal corticosteroid is a cost-effective option.

Patients prescribed a combined INCS and intranasal antihistamine (INAH) (e.g. Dymista®) should not be prescribed a concurrent OAH. Combined use of an INAH and OAH is not recommended.

Product(s)	Cost (£) based on June 23 Drug Tariff
Cetirizine 10mg tablets (£0.82) and beclometasone 50 micrograms/dose nasal spray 200 dose (£2.73)	3.55
Loratadine 10mg tablets (£0.86) and mometasone 50 micrograms/dose nasal spray 140 dose (£2.76)	3.62
Dymista® (azelastine 137 microgram, fluticasone propionate 50 microgram per 1 actuation) 120 dose nasal spray	14.80

Eye Drops



£173K spent in NI 22/23 on topical ocular antihistamines and mast cell stabilizers

Both OAH and INCS are usually effective for eye symptoms and therefore eye drops have a limited role in the management of hayfever symptoms. Topical eye drops may be useful if eye symptoms remain troublesome despite using an OAH and/or an INCS. These agents must be used regularly even when symptoms improve.

NICE provides guidance on management of and prescribing for allergic conjunctivitis in primary care. Sodium cromoglicate 2% eye drops (in max. pack size of 10 mL) can be purchased OTC.

If prescribing is indicated, sodium cromoglicate 2% eye drops **13.5mL** is a cost-effective option (£2.23 based on June 23 [Drug Tariff](#)).

Triamcinolone injections — Reminder



It is recommended that until there is clear evidence of its advantages over other hayfever treatments, including oral prednisolone, use of depot injections of triamcinolone is no longer acceptable. For further information see [SPS](#) website.

General Prescribing Information



- Signpost patients to self-help resources and encourage self-care
- Non-sedating antihistamines are the drug of choice for most patients as they have fewer unwanted effects (NI Formulary Choices: loratadine and cetirizine tablets)
- Lower cost options for corticosteroid nasal sprays are beclometasone and mometasone
- Concordance with treatment should be checked at all stages before increasing therapy
- Where a prescription is deemed necessary these items should not be placed on “repeat” to ensure regular review of prescribing
- Symptoms occur from late spring to early summer- patients should be reviewed to ensure prescribing does not occur during unnecessary periods (autumn/winter)
- Refer to relevant product [SPC](#) when prescribing for special patient groups e.g. children, pregnancy, breastfeeding. Further information on how to give medicines to children can be found on the [Medicines for Children](#) website.

This newsletter has been produced for GPs and pharmacists by the Regional Pharmacy and Medicines Management Team. If you have any queries or require further information on the contents, please contact one of the [Pharmacy Advisors](#)

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