

The treatments available from your pharmacy are usually the same strength as the ones that your doctor will prescribe, especially when considering loratadine, cetirizine or chlorphenamine. Your doctor may be able to help if these medicines are not having the desired effect.

As well as tablets, there are eye drops and nasal sprays available from your pharmacy. Nasal sprays containing beclometasone or fluticasone can be used for seasonal allergic rhinitis. It is important to realise that the best results are usually seen with continued use of steroid nasal sprays throughout the season. However, these should not be used all year round for seasonal conditions. Speak to your doctor if you require the use of these products for prolonged periods. Some eye drops for hay fever include sodium cromoglycate 2%. These can be very useful for those who have symptoms that affect their eyes. Always ensure that it is safe to use these prior to application. Always read, understand and act upon any literature and advice given on the product, the packaging or contained within the patient information leaflet. Ask your doctor or pharmacist if you are unsure about anything relating to your medicines or health. Many hay fever products can be used in children. Always read the packaging and insert for information relating to the suitable age group and dose.

Hay Fever Advice for Health Professionals

Patients are reminded that in conjunction with medical treatment including antihistamines and steroid nasal sprays, they should pay attention to the tips given in this Newsletter. Having a systematic course of prevention can often mean that treatment has a more desirable outcome and can sometimes be avoided altogether.

The use of an antihistamine is often considered a good foundation treatment and in most adult hay fever sufferers, either loratadine or cetirizine can be considered. If symptoms of allergic rhinitis or eye irritation are present, then additional treatment options can be recommended or prescribed. Emphasise the correct use of antihistamines and steroids. Also ensure that you explain to the patients how their medicine will work. Antihistamines usually work within an hour, whereas steroid nasal sprays need continued use during periods of exacerbation. Also, if a patient requires a review, consider more modern treatment alternatives and do not always rely on what has worked in the past. For example, there is some evidence suggesting that fluticasone furoate may be more suitable than fluticasone propionate for several reasons, including an increase in efficiency with regard to symptom control. The APC currently recommends beclometasone nasal spray first line, but urges the consideration of other products for patients who do not experience adequate symptomatic control. Other steroid nasal sprays are listed on the Northern Lincolnshire Formulary and may be suitable for specific patients. Ensure that a full review takes place when a patient presents with symptoms and do not just rely on historical treatments. Although historical treatments may have had adequate outcomes, there may be more efficient medication available that can reduce steroid

doses whilst maintaining the same level of control. Emphasising the tips given in this Newsletter and on the NHS Choices website may also improve patient understanding. See www.northernlincolnshireapc.nhs.uk for further information.

Hay Fever Tips

Due to the majority of hay fever sufferers having their condition triggered by grass pollen, the first step is to reduce exposure. There are several actions that can be taken that do not significantly affect daily activities or enjoyment.

- ✓ People who have particularly bad eye irritation may find that wearing sunglasses helps, especially the ones that cover the side of the eye area too.
- ✓ Washing your face regularly can also help. Be sure to reapply sun cream if necessary.
- ✓ A very thin layer of petroleum jelly around the bottom of an adults nose can often help to trap pollen and reduce symptoms.
- ✓ Keep any windows and doors closed in the evening and first thing in the morning. A little ventilation when you are out and about is fine.
- ✓ If the pollen count is high (the pollen count for your region can be found on many news websites) try to limit your amount of exposure to grassy areas.
- ✓ Get someone else to mow the grass.
- ✓ If you have other allergies, such as cat fur, dog hair and tobacco, avoid these during the hay fever seasons. Two allergens can lead to worse symptoms.
- ✓ Try one of the low cost hay fever treatments available at your local pharmacy or even at many shops and supermarkets. Most hay fever products that contain cetirizine or loratadine sold in the UK are of a similar strength. Never be afraid to ask for advice. Your community pharmacy team and GP are there to help.

There are several helpful resources relating to affective control of hay fever. These include the NHS Choices website, which can be viewed here <http://www.nhs.uk/Livewell/hayfever/Pages/Allabouthayfever.aspx>.

New Patient Treatments

The APC has added a large range of treatments to the Medicines Formulary for Northern Lincolnshire. We have the aim of making this region one of the most proactive, dynamic and forward thinking areas. We have a superb range of specialist facilities. This combined with the structure and management of the APC enables us to spearhead advancements in healthcare. The following treatments have either

been newly added to the Formulary or have had their use expanded so that more patients can now benefit.

Ingenol Mebutate Gel (brand name Picato). This has been added to Formulary Chapter 13.8.1. This is a topical treatment for Actinic Keratosis (AK). This product treats in a shorter duration than currently available preparations (2 or 3 days depending on the area of application – 3 days for face and scalp, 2 days for the trunk). This is a once daily application. Primary or secondary care can prescribe this i.e. the clinician making the diagnosis should be the clinician writing the prescription. This means that patients can have a greater ease of access to this new treatment.

Adcal D3 Caplets have been added to Formulary Chapter 9.6.4. Containing calcium and vitamin D, these can have many uses including calcium deficiency and are used in the treatment of osteoporosis. These are half the strength of the Adcal D3 chewable tablet and therefore 2 caplets are needed to replace one chewable tablet. This offers patients the opportunity to have a caplet if they prefer.

Lixisenatide has been added to Formulary Chapter 6.1.2.3. The brand name for this medicine is Lyxumia. This is an injectable medicine for type 2 diabetes, similar to exenatide and liraglutide. We are recommending that lixisenatide is considered first line for newly initiated patients.

Flutiform is an inhaler for the treatment of asthma. This has been added to Formulary Chapter 3.2. This contains the active ingredients fluticasone and formoterol. This is licenced in children of 12 years and above. In most adults, we recommend using Fostair if possible (when a combination product is required) and strive for steroid reduction without reducing symptomatic control. This, we believe, gives the best quality treatment outcomes for our patients. Patients are always assessed on an individual basis and the aim is for the most suitable product to be prescribed.

Bimatoprost 300 micrograms/ml UDVs (brand name Lumigan) have been added to Chapter 11.6. These are to be used in patients with sensitivity to preservatives used in standard bimatoprost eye drops. Please note that latanoprost eye drops are first line and should be attempted prior to the use of bimatoprost for the treatment of glaucoma.

Progesterone Pessaries have had their use extended in Chapter 6.4.1.2. These are for use only by Obstetrics and Gynaecology Consultants. These will now be used in patients who have had recurrent miscarriages, as evidence suggests that there are benefits. This use is unlicensed, but may improve the lives of many mothers to be and we promote successful outcomes whenever possible.

Creon Micro has been included in Chapter 1.9.4. This is for paediatric use only and continuation in primary care once the hospital specialists have initiated treatment.

Montelukast Granules (Singulair) are used for asthma and have been added to Chapter 3.3.2. Again, for paediatric use only and continuation in primary care.

Pizotifen Syrup is included in Formulary Chapter 4.7.4.2. For paediatric use only and continuation in primary care. This is used for migraine prophylaxis.

Sumatriptan Nasal Spray has been extended in Chapter 4.7.4.1. New prescribing can be for paediatric use (commonly children over 12 suffering with migraines) and continuation in primary care.

Pyrazinamide Liquid has been updated in Chapter 5.1.9. An unlicensed special medicine to treat tuberculosis. This will be used by paediatric consultants only.


Hypertonic Saline Nebules (sodium chloride 3%, 6% and 7% - brand names MucoClear and Nebusal) have been added to Chapter 3.7. These are for paediatric use only and usually continued following initiation at other trusts. This is used for children with Cystic Fibrosis.

Ethambutol Liquid has been updated in Chapter 5.1.9. An unlicensed special medicine to treat tuberculosis. This will be used by paediatric consultants only.

Tobramycin Dry Powder Inhaler (brand name TOBI Podhaler) has been added to Formulary Chapter 5.1.9. This has been added as per NICE TA276.

NICE TA refers to a Technology Appraisal document published by the National Institute for Health and Clinical Excellence. A Technology Appraisal (TA) assesses the use of new and existing treatments. This assessment results in guidelines that suggest the most appropriate and beneficial choices for patients. The Technical Appraisals are produced in conjunction with some of the country's leading experts and authorities in medicine. The Northern Lincolnshire region, spearheaded by the APC, aims to follow and promote awareness of NICE TAs. This helps to ensure that at all times patients in this region have access to the most suitable, professional and up to date aspects of care.

The Northern Lincolnshire Area Prescribing Committee is collaboration between:

Northern Lincolnshire and Goole Hospitals 
NHS Foundation Trust


**North East Lincolnshire
Clinical Commissioning Group**


**North Lincolnshire
Clinical Commissioning Group**