NSW PHARMACIST PRACTICE STANDARDS FOR ALLERGIC AND NONALLERGIC RHINITIS

A. APPROVED MEDICINES

Approved Medicines as listed in the NSW Health Authority (dated 30 January 2025) are:

- Fluticasone furoate (intranasal formulation)
- Olopatadine with mometasone (intranasal formulation)
- Olopatadine 0.1% (eye drops)

B. GENERAL REQUIREMENTS

Pharmacists must hold general registration under the Health Practitioner Regulation National Law and have successfully completed the training requirements detailed in the NSW Health Authority (dated 30 January 2025).

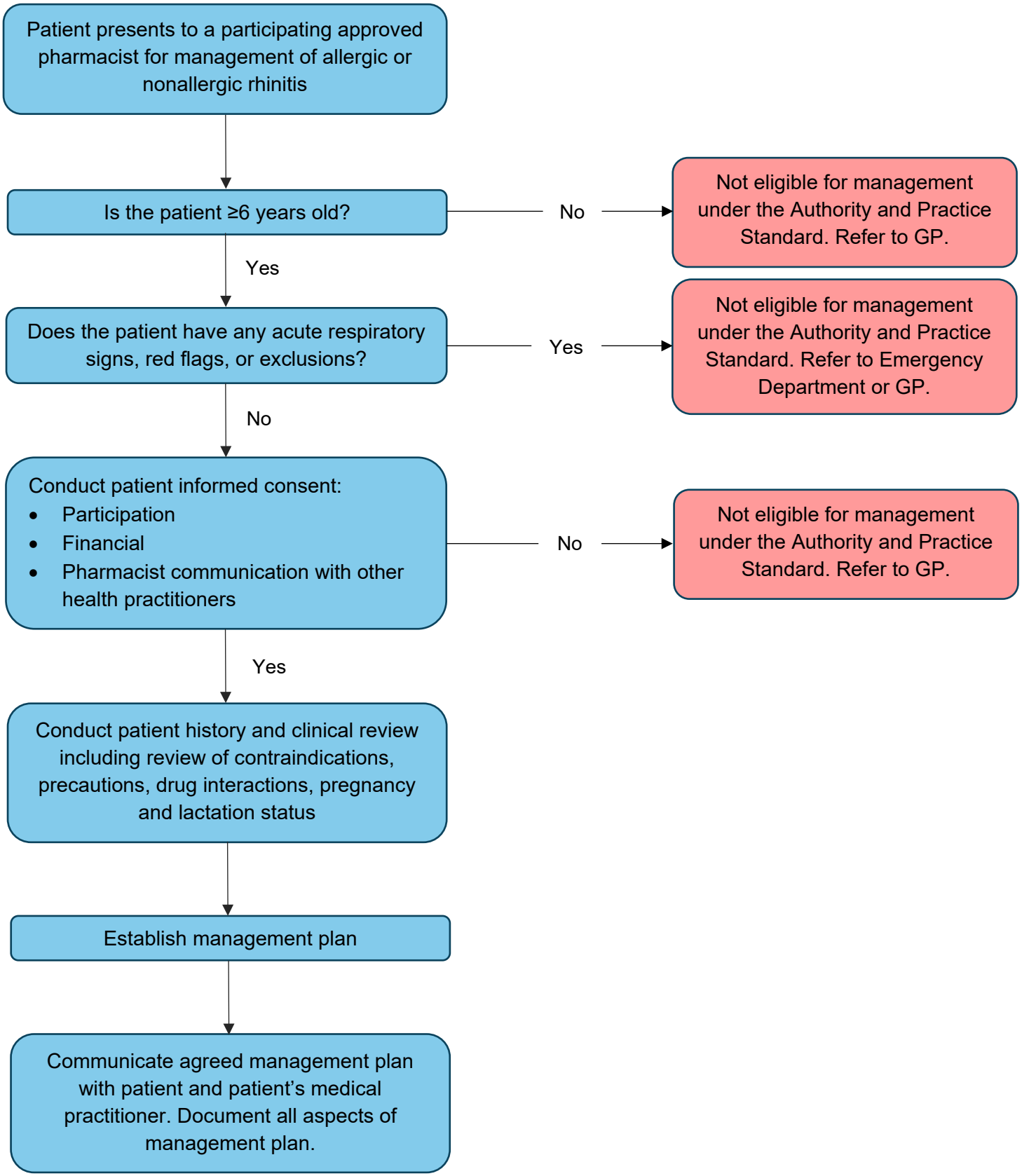
C. ADVERSE EVENTS

If the treating pharmacist becomes aware of an uncommon, unexpected or serious adverse event following treatment with an Approved Medicine, this should be reported to the Therapeutic Goods Administration. This should be conducted via the usual processes, by reporting online at https://aems.tga.gov.au/.

Additionally, you must notify the patient's usual medical practitioner (if they have one).

D. PRACTICE STANDARD OVERVIEW

The following guideline should be used in consultations to assess the eligibility, identity and govern supply of suitable treatments, and guide associated referral requirements.



E. USE OF THIS PRACTICE STANDARD

This Practice Standard provides guidance and information for pharmacists delivering the Community Pharmacy Allergic and Nonallergic Rhinitis Service. It is to be used together with the training modules and other resources provided by education providers.

Key points

- The Community Pharmacy Allergic and Nonallergic Rhinitis Service Practice Standard provides a framework for appropriately trained approved pharmacists to manage eligible patients as part of the NSW Health Authority (dated 30 January 2025).
- To receive management for allergic and nonallergic rhinitis under this service, the patient must fulfill the eligibility requirements of the Practice Standard. Patients who have requested the service but are not eligible for management should be referred to their regular medical practitioner or health service.
- Pharmacists can supply up to 4 weeks of therapy before referring patient to a medical practitioner.
- Pharmacists must only supply formulations listed in the Authority.
- Patients must be physically present in the pharmacy to be eligible for management.
- Patients are required to have a consultation with an approved pharmacist before a medication can be supplied under the Authority.
- Pharmacists must make a full clinical record of the consultation and the details of all consultations and outcomes must be recorded using secure digital software. Records must be stored securely for minimum seven (7) years.
- Pharmacists must exercise professional discretion and judgement when applying the information within this Practice Standard. The Practice Standard does not override the responsibility of the pharmacist to make decisions appropriate to the circumstance of the individual, in consultation with their patient.

F. PATIENT CONSENT

Informed clinical and financial consent must be obtained from the patient prior to providing care under this practice standard.

The pharmacist must seek the patient's consent to share a record of the consultation and any subsequent consultations (including adverse events) with the patient's usual treating medical practitioner or medical practice, where the patient has one. If the patient consents to the disclosure, the record must be shared within a week following the consultation

G. PATIENT ELIGIBILITY AND REFERRAL CRITERIA

- Patients must be aged 6 years and older to be eligible for the service.

- Patients who meet any of the referral criteria below are not eligible for this service and must be referred to their regular medical practitioner or health service, or in instances of urgent care to the Emergency Department. Note that these are not exhaustive lists.
- Pharmacists must apply clinical judgement and refer any patient considered appropriate for medical care for any reason.
- Pharmacists must consult the Therapeutic Guidelines and other relevant references to confirm management is appropriate, including for:
    - Contraindications and precautions
    - Drug interactions
    - Pregnancy and lactation

'Red flag' warning signs that require immediate referral to a medical practitioner:

- Signs and symptoms of lower respiratory disease
- Acute exacerbation of asthma
- Asthma in patients under age 16
- Signs and symptoms of systemic illness, fever, severe infection or if patient is generally unwell

Patients must be referred to a medical practitioner if they meet any of the following criteria:

- The patient has any 'red flag' warning sign (see box above)
- A clear diagnosis of allergic or nonallergic rhinitis cannot be made
- The patient has signs or symptoms of systemic infection or infectious rhinosinusitis including facial pain, fever or purulent nasal discharge
- The patient is aged under 6 years of age
- Acute exacerbation of asthma
- The patient has other underlying or co-existing and underlying medical conditions that complicate treatment for allergic or nonallergic rhinitis requiring management by a medical practitioner; including sinusitis, nasal polyps, other structural abnormalities
- The patient is taking a medicine prescribe by another health practitioner that can cause or exacerbate rhinitis
- The condition is having a marked negative emotional or social effect on the patient
- The condition does not respond to optimal treatment after 4 weeks or worsens

H. BACKGROUND

- Rhinitis has a broad range of aetiology and can be classified as allergic, nonallergic, infectious, drug-induced and occupational. Allergic rhinitis (which may co-occur with nonallergic rhinitis) is the most common type. Accurate differentiation of the type of rhinitis is important to inform effective treatment. Only management of allergic and nonallergic rhinitis is permitted under the Authority and this practice standard.

- Rhinitis can have a significant impact on quality of life including sleep, cognitive and psychomotor function, social activities and learning impairment in children.
- Emerging evidence suggests that allergic rhinitis may be part of a systemic airway disease as opposed to a localised disorder of the nose and nasal passages.
- Rhinitis and asthma commonly coexist (sometimes referred to as United Airway Disease). Effective management of allergic rhinitis is important for the management of asthma.
- Patients presenting with acute exacerbations of asthma, any asthma presentations in under 16-year-olds, and new symptoms suggesting asthma must be referred to a medical practitioner for review. Investigation or management of asthma are beyond the scope of this practice standard.
- Montelukast (a leukotriene receptor antagonist) supply is not currently permitted under this practice standard.
- Supply of anti-inflammatory eye drops (e.g. ketorolac and corticosteroids) for allergic conjunctivitis, as mentioned in the Therapeutic Guidelines: Allergic Rhinitis, are not permitted under this practice standard, and are for use under medical specialist advice only. Vasoconstrictor eye drops (e.g. naphazoline and tetryzoline) are not indicated for allergic conjunctivitis.
- Pharmacist must refer to a medical practitioner for consideration of onward referral to a clinical immunology/allergy specialist to initiate allergen immunotherapy for allergic rhinitis.

I. PATIENT ASSESSMENT

A patient history and examination that is tailored to the patient's presentation is required to inform the management approach, including appropriate referral. The prompts provided below are not exhaustive, pharmacists should maintain an open mind and be aware of cognitive bias.

PATIENT HISTORY

Sufficient information must be obtained from the patient to assess the safety and appropriateness of management. The My Health Record should be reviewed where appropriate and available.

The patient history should include:

- Age
- Pregnancy and lactation status (if applicable)
- Onset, nature, duration, frequency, severity and pattern of respiratory symptoms
- Signs and symptoms suggestive of systemic infection such as fever
- Signs and symptoms of infectious rhinosinusitis including purulent nasal discharge or facial pain
- Presence of asthma symptoms (acute exacerbations of asthma, any presentation of asthma in persons under 16 years of age, or a potential new

presentation of asthma require an immediate referral to a medical practitioner and are beyond the scope of this practice standard)
- Other co-existing and underlying medical conditions including nasal polyps, other allergic diseases (e.g. atopic dermatitis)
- Family history of nasal polyps or allergic disease (including rhinitis)
- Triggering, aggravating and relieving factors (e.g. pollen, foods, pets/animals, cigarette smoke, occupational exposure to cleaning chemicals)
- Emotional and social impacts of the condition
- Current medication use (including prescribed medications, vitamins, herbs, supplements, over the counter medicines)
- Medications used or trialled to treat symptoms, adherence and response, including use of nasal decongestants
- Drug allergies and adverse drug reactions
- Smoking and vaping status.

Symptoms and signs of rhinitis	
Allergic rhinitis	**Non-allergic rhinitis**
Symptoms after exposure to animals, pollen, dust or other environmental factors/allergens: • Sneezing • Nasal congestion • Clear rhinorrhoea • Upper airway cough syndrome (post-nasal drip) • Mucosal itching of the nose, eyes, ears, and palate Non-specific symptoms • 'Fuzzy' head • Tiredness and daytime sleepiness • Constant 'colds' Allergic conjunctivitis frequently co-occurs (eye redness, watering and itching) In children, additional symptoms may include sniffing, blinking and eye rubbing, speech problems, snoring, mouth breathing, and dark undereye circles. Reported symptom improvement with second generation antihistamines is strongly suggestive of allergic rhinitis, as is a previous response to intranasal corticosteroids.	Symptoms without an identifiable trigger or exposure to allergens: • Nasal blockage and/or congestion • Clear rhinorrhoea • Post-nasal drip May or may not be present: • Sneezing • Itchy skin or watery eyes Symptoms may present sporadically at any time of the year, although they may be exacerbated by environmental factors such as barometric pressure or temperature changes, bright lights or physical irritants.

EXAMINATION

- Physical examination of patient, with specific focus of the face, nose, throat, eyes and ears.
- Pharmacist must have an otoscope to complete a full examination
- Assessment of vital signs
- Signs of rhinitis may include:
    - Swollen, dark undereye area
    - Accentuated lines or fold below the lower lids
    - Transverse nasal crease
    - "Allergic facies": highly arched palate, open mouth
    - Enlarged/swollen, pale, boggy nasal mucosa with thick secretions
    - Nasal polyps
    - Cobblestone throat
    - Mouth breathing
    - Tympanic membrane retraction or serous fluid accumulation
- Patients presenting with acute exacerbations of asthma, any presentation of asthma in persons under 16 years of age, or a potential new presentation of asthma require an immediate referral to a medical practitioner and are beyond the scope of this practice standard

J. MANAGEMENT AND TREATMENT PLAN

- All patients should be educated regarding allergen avoidance and minimising exposure to known/clinically obvious allergens and irritants if possible.
- Comprehensive advice and counselling (including supporting written information when required) as per the Therapeutic Guidelines, Australian Medicines Handbook, and other relevant references should be provided to the patient regarding:
    - Individual product and medicine use, including intranasal spray and eyedrop administration technique
    - How to manage adverse effects
    - When to seek further care and/or treatment from a medical practitioner
- Once symptoms have resolved, continue treatment with the minimum effective regimen, treatment can be used regularly or as required.
- The agreed management plan must be documented in the patient electronic clinical record and shared with members of the patient's multidisciplinary team, in accordance with the Authority.
- Where a patient has a My Health Record, the pharmacist must ensure the details of the supply are uploaded to My Health Record, unless requested otherwise by the patient.
- Pharmacists must consult the Therapeutic Guidelines and other relevant references to confirm management is appropriate, including for:
    - Contraindications and precautions
    - Drug interactions
    - Pregnancy and lactation

ALLERGIC RHINTIS

Pharmacist management of allergic rhinitis involves developing a treatment plan, patient counselling regarding general measures, and if required, use of pharmacotherapy as per the Therapeutic Guidelines: Allergic rhinitis. Pharmacists are advised to use the following resources:

- Australasian Society of Clinical Immunology and Allergy (ASCIA): Treatment Plan
- Australian Society of Clinical Immunology of Allergy (ASCIA): Allergic Rhinitis Clinical Update 2022

Other specifications:

- Pharmacists must advise patients with allergic rhinitis who are being commenced on intranasal corticosteroids to expect symptom relief to occur within 1-2 weeks, and if this does not occur how to access follow-up care and review with a medical practitioner.
- Oral and intranasal decongestants have no role in allergic rhinitis.
- Montelukast (a leukotriene receptor antagonist) supply is not currently permitted under the Authority and this practice standard.
- Supply of anti-inflammatory eye drops (e.g. ketorolac and corticosteroids) for allergic conjunctivitis, as mentioned in the Therapeutic Guidelines: Allergic Rhinitis, are not permitted under this practice standard, and are for use under medical specialist advice only. Vasoconstrictor eye drops (e.g. naphazoline and tetryzoline) are not indicated for allergic conjunctivitis.
- Pharmacist must refer to a medical practitioner for consideration of onward referral to a clinical immunology/allergy specialist to initiate allergen immunotherapy for allergic rhinitis.

NONALLERGIC RHINITIS

Pharmacist management of allergic rhinitis involves developing a treatment plan, patient counselling regarding general measures, and if required, use of pharmacotherapy as per the Therapeutic Guidelines: Nonallergic rhinitis.

- In patients with nonallergic rhinitis caused by a clinically obvious irritant, minimise exposure to the irritant if possible.
- Topical antihistamines and oral antihistamines are not indicated for nonallergic rhinitis.
- Intranasal corticosteroids are the mainstay of treatment, with dosages being same as those used for allergic rhinitis.

FOLLOW-UP CARE AND REVIEW

- Clinical review with the pharmacist
    - If the patient's symptoms are mild and adequately managed with an oral or intranasal antihistamine after trialling a new treatment for 4

weeks, clinical review will generally not be required, and the patient may be advised to remain on the minimum effective dose.
    - Clinical review is recommended 4 weeks after initiation of intranasal corticosteroids to assess for response to treatment, adherence to treatment, and if changes to the treatment plan are required (continue, modify, stop and/or refer).
- If the condition does not improve or resolve after 4 weeks of optimal therapy, the patient should be advised to see a medical practitioner for review and further investigation.

K. CLINICAL DOCUMENATION AND COMMUNICATION

- The pharmacist must make an electronic clinical record, and a record in a pharmacy dispensing system regarding the supply of any medications under these services, in accordance with the Authority.
- Where a patient has a My Health Record, the pharmacist must ensure the details of the supply are uploaded to My Health Record, unless requested otherwise by the patient.

L. RESOURCES

Patient information/resources:

- It is the pharmacist's responsibility to ensure the suitability and accuracy of any resources provided to patients.
- Therapeutic Guidelines: Allergic Rhinitis: Instructions for using a nasal spray
- National Asthma Council: How to videos (using your nasal spray and irrigation)
- UpToDate: Patient education: Allergic rhinitis (Beyond the Basics)
- UpToDate: Patient education: Nonallergic rhinitis (runny or stuffy nose) (Beyond the Basics)
- Healthdirect: Hay fever (allergic rhinitis)

Pharmacist resources:

- Therapeutic Guidelines
    - Allergic rhinitis
    - Nonallergic rhinitis
- Australian Medicines Handbook
    - Drugs for rhinitis and rhinosinusitis
    - Antihistamines
- Australian Society of Clinical Immunology and Allergy: Allergic Rhinitis Clinical Update 2022
- Australian Family Physician (RACGP): Allergic rhinitis: Practical management strategies
- Royal Children's Hospital Melbourne: Allergic rhinitis hay fever

M. ACKNOWLEDGEMENTS

NSW Health acknowledges and thanks Queensland Health for consent to use the *Queensland Community Pharmacy Scope of Practice Pilot Allergic and Nonallergic Rhinitis - Clinical Practice Guideline* as the basis for this Practice Standard.

NSW Health emergency care assessment and treatment (ECAT) protocols developed by the ECAT Working Group, led by the Agency for Clinical Innovation, have been used to inform aspects of this Practice Standard, where relevant.

N. REFERENCES

1. Australasian Society of Clinical Immunology and Allergy (ASCIA): Allergic Rhinitis Treatment Plan. ASCIA; 2024. Available from: https://www.allergy.org.au/patients/allergic-rhinitis-hay-fever-and-sinusitis/allergic-rhinitis-treatment-plan
2. Australian Medicines Handbook: Antihistamines. Australian Medicines Handbook Pty Limited; 2025. Available from: https://amhonline.amh.net.au.acs.hcn.com.au/chapters/allergy-anaphylaxis/antihistamines
3. Australian Medicines Handbook: Rhinitis. Australian Medicines Handbook Pty Limited; 2024. Available from: https://amhonline.amh.net.au.acs.hcn.com.au/chapters/ear-nose-throat-drugs/drugs-rhinitis-sinusitis/rhinitis?menu=vertical
4. Australian Society of Clinical Immunology and Allergy (ASCIA): Allergic Rhinitis Clinical Update. ASCIA; 2022. Available from: https://www.allergy.org.au/images/stories/pospapers/ar/ASCIA_HP_Allergic_Rhinitis_2022.pdf
5. Delves P. MSD Manual Professional Version: Allergic Rhinitis: Merck & Co; 2020. Available from: https://www.msdmanuals.com/en-au/professional/immunology-allergic-disorders/allergic,-autoimmune,-and-other-hypersensitivity-disorders/allergic-rhinitis?query=allergic%20rhinitis.
6. DynaMed: Allergic Rhinitis: EBSCO Information Services; 2018. Available from: https://www.dynamed.com/condition/allergic-rhinitis.
7. DynaMed: Vasomotor Rhinitis: EBSCO Information Services; 2018. Available from: https://www.dynamed.com/condition/vasomotor-rhinitis.
8. Healthdirect: Hay fever (allergic rhinitis); 2022. Available from: https://www.healthdirect.gov.au/hay-fever
9. Hu W. Katelaris C. Kemp A. Allergic rhinitis practical managment strategies. Australian Family Physician. 2008;37(4):214-20.
10. National Asthma Council: How-to videos. Available from: https://www.nationalasthma.org.au/living-with-asthma/how-to-videos
11. Queensland Health: Queensland Community Pharmacy Scope of Practice Pilot Allergic and Nonallergic Rhinitis - Clinical Practice Guideline; 2024. Available from: https://www.health.qld.gov.au/__data/assets/pdf_file/0022/1304248/rhinitis-guideline.pdf
12. Quillen DM, Feller DB. Diagnosing rhinitis: allergic vs. nonallergic. American Family Physician. 2006;73(9):1583-90.

13. Royal Children's Hospital Melbourne: Allergic rhinitis hay fever; 2014. Available from: https://www.rch.org.au/kidsconnect/prereferral_guidelines/Allergic_rhinitis_hay_fever/
14. Small P, Keith PK, Kim H. Allergic rhinitis. Allergy, Asthma & Clinical Immunology. 2018;14(2):51.
15. Therapeutic Guidelines: Respiratory: Allergic Rhinitis. Melbourne: Therapeutic Guidelines Limited; 2020. Available from: https://tgldcdp.tg.org.au.acs.hcn.com.au/viewTopic?etgAccess=true&guidelinePage=Respiratory&topicfile=allergic-rhinitis&guidelinename=Respiratory&sectionId=toc_d1e729#toc_d1e729
16. Therapeutic Guidelines: Respiratory: Nonallergic Rhinitis. Melbourne: Therapeutic Guidelines Limited; 2020. Available from: https://app.tg.org.au/viewTopic?etgAccess=true&guidelinePage=Respiratory&topicfile=nonallergic-rhinitis
17. UpToDate: Patient education: Allergic rhinitis (Beyond the Basics). 2024. Available from: https://www.uptodate.com/contents/allergic-rhinitis-beyond-the-basics/print
18. UpToDate: Patient education: Nonallergic rhinitis (runny or stuffy nose) (Beyond the Basics). 2024. Available from: https://www.uptodate.com/contents/nonallergic-rhinitis-runny-or-stuffy-nose-beyond-the-basics?topicRef=370&source=see_link

Approved

Dr Kerry Chant AO PSM

Chief Health Officer and Deputy Secretary
Population and Public Health

30 January 2025