NewTherapiesSubgroup

GMMMG Greater Manchester Medicines Management Group

NHS

January 2016

Dymista® (fluticasone/azelastine) for the symptomatic treatment of severe seasonal and perennial allergic rhinitis.

The New Therapies Subgroup of the GMMMG discussed the above at its meeting on the 19th January 2016. The recommendation of this subgroup is as follows:*

The New Therapies Subgroup of the GMMMG considered the use of Dymista® for the symptomatic treatment of moderate to severe seasonal and perennial allergic rhinitis.

The group recommends use of Dymista® as a third line treatment option if an intranasal antihistamine or glucocorticoid is not considered sufficient.

Dymista® was shown to be slightly more effective than monotherapy (fluticasone nasal spray) in clinical trials and the current list price is cheaper than the two separate constituents.

There is however no data comparing Dymista® to use of a combination of a steroid nasal spray and an antihistamine tablet which is more common current practice.

According to set criteria Dymista® was deemed to be a medium priority for funding for the patient group above.

** This recommendation is valid unless it is has been superseded by a NICE TA or national guidance. The recommendation will only be reviewed when there is substantial new data that may change the initial recommendation. For recommendations that are >24 months old please note that there may be new data available and this should be checked prior to prescribing.*

▼ Newly marketed drugs and vaccines are intensively monitored for a minimum of two years, in order to confirm the risk / benefit profile of the product. Healthcare professionals are encouraged to report all suspected adverse drug reactions regardless of the severity of the reaction.

References available on request.

Commissioning Implications for CCGs

This preparation *may* reduce the need to refer to specialist allergy services although no evidence has been found to confirm this. There are no other financial or commissioning implications.

There are no implications for Secondary Care or Mental Health Trusts.