FULL SHARED CARE AGREEMENT FOR

Grazax

in the treatment of

Seasonal allergic rhinitis due to grass pollen allergy

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On behalf of:
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NHS Leicestershire County and Rutland
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Additional medicines information is available from:
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Full Shared Care Policy for the prescribing of Grazax in the treatment of Seasonal Rhinitis due to grass pollen allergy

Introduction and purpose

This shared care agreement has been produced following classification of Grazax in the Leicestershire drug traffic light scheme. See website at www.lmsg.nhs.uk

Shared care has been defined as the mechanism of sharing patient care between primary and secondary care providers. This document sets out these responsibilities from initial diagnosis to on going support.

Disease Background

Seasonal Allergic Rhinitis due to grass pollen allergy (hayfever) is a common problem affecting 15-20% of the UK population. The majority of cases are controlled with comparatively simple interventions such as oral antihistamines and topical intranasal corticosteroids. There is however a small group of patients who are largely unresponsive to such treatments and continue to experience debilitating symptoms. These are associated with impaired quality of life; days missed at school/work and dropped exam grades.

Drug covered by the agreement

Allergen specific immunotherapy (ASIT) using the sublingual route was first introduced in 1986 although ASIT has been around since 1911. The presumed mode of action is the induction of allergen specific tolerance; this is achieved by regular exposure to the allergen and the subsequent induction of regulatory T cells which down regulate the allergen specific immune response. Cochrane meta analysis of ASIT via both the subcutaneous (SCIT) and sublingual (SLIT) routes show efficacy. SCIT is associated with a risk of anaphylaxis in excess of that for SLIT.

Grazax is the first licensed sublingual preparation containing grass pollen in the UK. It is taken daily –starting at least 4 months prior to the onset of the grass pollen season - for a 3 year course. Its use is associated with improvement in symptom scores and use of rescue medication. This improvement has been shown to extend for at least 2 years beyond the 3 year treatment period (Stephen Durham personal communication). Its use should be restricted to patients who have failed to achieve good symptom control after a supervised season on maximal medical therapy.

Secondary Care Clinician Responsibilities

- Diagnosis of condition and ensuring other treatment options have been fully explored. The supervision of a further season of maximal medical treatment for hayfever if it is felt that this has not occurred to date.
- The criteria for receiving Grazax are as follows:
  - ‘failed’ good symptom control after a supervised season on maximal medical therapy – intranasal steroid spray, daily antihistamine and sodium cromoglicate eye drops (depot steroid alone would not be considered as maximal medical therapy)
  - Monoallergic rhinitis (e.g. only allergic to grass pollen - non-symptomatic sensitisation to other aeroallergens acceptable).
- Initiation of treatment. The first dose of Grazax would be given in a hospital setting with full facilities for the treatment of acute allergic reactions close to hand.
The patient would remain under medical observation for 60 minutes after administration of the dose.

- Monitoring clinical response at clinical review the autumn following each pollen season and responding to all adverse drug reactions (ADRs) during treatment (including notification to MHRA)
- Liaison with the general practitioner (GP) to share the patient’s care when a stable dose has been achieved and proven benefit has been established using the Shared Care Agreement Form this would follow the first months’ treatment which would be initiated and prescribed within secondary care.
- Responding to issues raised by GP after care of patient has been transferred
- Advising GP on related issues such as drug interactions etc

**GP Responsibilities**

- Confirm or decline request to share patient’s care as soon as possible, using the shared care agreement form
- Monitoring the patient’s overall health and well being and observing patient for evidence of ADRs/abnormalities and raising with secondary care clinician if necessary.
- Prescription of drug after initiation by secondary care
- Ensuring advice is sought from the secondary care clinician if there is any significant change in the patient’s physical health status
- Reducing/stopping treatment in line with secondary care clinician’s original request

**Contact for support and advice**

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**Supporting Information**


Reference to SCA form added June 2011 v1.1