Advising on moderate to severe **hay fever**

Supporting customers when intranasal monotherapy has not provided relief

Around a quarter of the UK population suffer from seasonal allergic rhinitis (AR), or hay fever.[1] Symptoms are generally managed through self-care strategies and over-the-counter (OTC) treatment with oral antihistamines and/or intranasal corticosteroids.[2]

Until now, the only alternative for customers with moderate to severe hay fever symptoms that remained uncontrolled on an OTC corticosteroid nasal spray would have been to obtain a prescription-only product. There were no combination treatments in a single product available to purchase from the pharmacy.

Dymista® Control combines the anti-inflammatory action of a corticosteroid (fluticasone propionate) and the anti-allergic effect of an antihistamine (azelastine hydrochloride) in one formulation to reduce bothersome hay fever symptoms affecting the eyes and nose.[3] It offers faster and more complete control of hay fever symptoms than a corticosteroid or antihistamine nasal spray on their own.[4]

This guide provides key information about Dymista® Control, but it is not intended to replace the Dymista® Control Risk Minimisation Material (RMM) which you can access online at https://www.medicines.org.uk/emc/product/100435/rmms

About Dymista® Control

Dymista® Control is indicated for the relief of symptoms of moderate to severe hay fever in adults (18+ years) if monotherapy with either intranasal antihistamine or corticosteroid is not considered sufficient.[3]

The recommended dosage is one spray into each nostril, twice a day (morning and evening). The maximum daily dose should not exceed two sprays in each nostril per day. It should be used regularly to achieve full therapeutic benefit.[3]

P
azelastine hydrochloride 137mcg / fluticasone propionate 50mcg per actuation

Key points about Dymista® Control:[3]

Unique

It is the **ONLY double action** nasal spray containing both a corticosteroid and an antihistamine available as a Pharmacy medicine

Fast

Gets to work in **five minutes**

Effective

Reduces inflammation in both **nose and eye** symptoms (nose symptoms comprising **rhinorrhoea, nasal congestion, sneezing and nasal itching** and eye symptoms comprising **itching, tearing/ watering and redness of the eyes**) compared to placebo, azelastine alone and fluticasone alone

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Assessing your

customer's symptoms

Typical hay fever symptoms appear within minutes of exposure to grass, tree and/or weed pollen[2] and can last for weeks, or even months.[5]

Classic symptoms[2]

- Sneezing
- Bilateral nasal itching
- Nasal discharge (rhinorrhoea)
- Nasal congestion
- Accompanied by itchy, red, watery eyes

Additional symptoms[2,5]

- Coughing
- Postnasal drip
- Itchy throat, mouth and ears
- Snoring / mouth breathing
- Halitosis

Mild symptoms are not considered troublesome and they do not have an effect on sleep, work, studies and other daily activities.[2] However, symptoms are classified as **moderate to severe** when one or more of the following applies:[2]

- Disturbed sleep
- Problems at work or school
- Impairment of daily activities, sport or leisure
- Troublesome symptoms

Moderate to severe symptoms can lead to a reduced quality of life due to their adverse effects on people's work, home and social lives.[2] For young adults, this could affect performance during studies and exam periods.

Dymista® Control is a suitable option for customers suffering from moderate to severe hay fever symptoms, if monotherapy with either intranasal antihistamine or intranasal corticosteroid is not considered sufficient.[3]

Alternative diagnoses

Other conditions may present with symptoms that are similar to hay fever. If any of these additional symptoms are present, you should consider an alternative diagnosis:[2,6]

- Fever that is not improving or worsening
- Persistent cough
- Unilateral symptoms
- Coloured nasal discharge
- Blood-stained nasal discharge
- Recurrent nose bleeds
- Nasal pain
- Loss of sense of smell
- Visual disturbances
- Breathing difficulties/shortness of breath

These symptoms may indicate: other types of rhinitis; sinusitis; asthma; tuberculosis; nasal structural abnormalities; a blockage, such as polyps or the presence of a foreign body; a cardiovascular condition, or a chest infection. Dymista® Control is not suitable for any of these conditions and alternative therapies or referral to a GP should be considered.[6]

Considerations before

supplying Dymista® Control

- Dymista® Control is **contraindicated** in those with a hypersensitivity to any active ingredients or excipients[3]

- The following customers **should be referred to their GP for assessment** before using Dymista® Control:[3,6]
  - Pregnant, suspected pregnancy or planning to have a baby
  - Breastfeeding
  - Severe liver disease
  - Tuberculosis or any type of untreated infection
  - Fever or infection in the nasal passages or sinuses
  - Recent injury or surgery to the nose or mouth or problems with ulceration in the nose
  - A history of increased ocular pressure, glaucoma and/or cataracts
  - Those transferring from a systemic corticosteroid
  - Those who have been using intranasal corticosteroids at high doses and/or for prolonged periods (three months or more). They may be at greater risk of systemic effects, and more rarely, a range of psychological or behavioural effects. Customers experiencing any systemic effects must be referred to their GP
  - Changes in vision (e.g. blurred vision or other visual disturbances) after using systemic or topical corticosteroids.

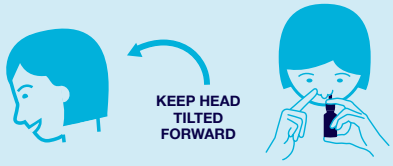
- Customers taking the following medicines should be referred to their GP before using Dymista® Control because they **interact**:[3,6]
  - Other corticosteroid products, such as tablets, creams, ointments, asthma medications or similar intranasal sprays or eye/nose drops
  - Medicines for HIV (ritonavir or cobicistat)
  - Ketoconazole.

- Those taking sedatives/central nervous system (CNS) medicines (e.g. opioids, barbiturates, benzodiazepines, anxiolytics, sleep medications, hypnotics) should be warned of the **potential increase in their sedative effect** when used with Dymista® Control.[3,6]

Further advice when supplying Dymista® Control

- Common or very common side effects include epistaxis (nosebleeds), headache, unpleasant smell and unpleasant taste[3]

- Correct application is important and will also help to avoid the unpleasant taste. Your customer should close one nostril with a finger and place the spray pump tip into the other nostril; tilt their head forward slightly, open their mouth and take care not to spray directly onto the nasal septum (the wall between the nostrils); keep the bottle upright and mouth open while pumping once gently and breathing in lightly through the treated nostril.[3,6]



- Dymista® Control has minor influence on the ability to drive and use machines[3]

- Your customer may have combined their previous corticosteroid nasal spray with an OTC oral antihistamine. Dymista® Control combines an intranasal corticosteroid and intranasal antihistamine, therefore they should discontinue their other oral and intranasal hay fever medication

- When using Dymista® Control, customers should seek medical advice in case of: [3,7]
  - A severe allergic reaction (very rare)
  - Blurred vision or other visual disturbances
  - Discomfort due to irritation or swelling inside the nose.

Key information about

treatment duration

Your customer's symptoms should be assessed within seven days of starting Dymista® Control. If their symptoms are not well controlled, they may not have hay fever:[3]

- If Dymista® Control does not lead to an improvement in symptoms within seven days, your customer should stop treatment or seek advice from their GP
- If, within seven days, symptoms have improved but are not adequately controlled, they should also seek advice from their GP or return to the pharmacy.

Dymista® Control should not be used for more than three months continuously without consulting a GP.

More information about Dymista® Control

To complete your learning, please refer to the following materials:

Pharmacy Essential Guide

Dymista® Control e-Module

References:

1. Natasha Allergy Research Foundation. Allergies - The facts. 2025. https://www.narf.org.uk/the-allergy-explosion
2. NICE. CKS. Allergic rhinitis. 2024. Available at: https://cks.nice.org.uk/topics/allergic-rhinitis/
3. Dymista Control 137 microgram, 50 microgram nasal spray. SmPC. 2025. Available at: https://www.medicines.org.uk/emc/product/100435/smpc
4. Meltzer E, et al. Clinically relevant effect of a new intranasal therapy (MP29-02) in allergic rhinitis assessed by responder analysis. Int Arch Allergy Immunol. 2013; 161:369–377.
5. NHS. Hay fever. 2024. Available at: https://www.nhs.uk/conditions/hay-fever/
6. Dymista Control 137 microgram, 50 microgram nasal spray. Pharmacy Essential Guide. 2025. Available at: https://www.medicines.org.uk/emc/product/100435/rmms.
7. Dymista Control 137 microgram, 50 microgram nasal spray. PIL. 2024. Available at: https://www.medicines.org.uk/emc/files/pil.100435.pdf

Online sources last accessed April 2025.

Product information and adverse event reporting
Please refer to the Summary of product characteristics (SmPC) for full information before recommending this product.

Dymista® Control 137 micrograms / 50 micrograms per Actuation Nasal Spray. Contains azelastine hydrochloride and fluticasone propionate. **Indication:** Relief of symptoms of moderate to severe seasonal allergic rhinitis in adults if monotherapy with either intranasal antihistamine or glucocorticoid is not considered sufficient. **Dosage and method of use:** 18 years of age or over: The recommended dose is one actuation in each nostril twice daily (morning and evening). The maximum daily dose should not exceed 2 sprays in each nostril per day. Dymista® Control Nasal Spray should not be used in children and adolescents under 18 years of age. Dymista® Control Nasal Spray is for nasal use only. **Contra-indications:** Hypersensitivity to the active substance or to any of the excipients. **Warnings and Precautions:** Treatment should be stopped, or the advice of a doctor sought if an improvement is not seen within 7 days. The advice of a doctor or pharmacist should also be sought if symptoms have improved but are not adequately controlled within 7 days. This medicine should not be used for more than 3 months continuously without consulting a doctor. Medical advice should be sought before using this medicine in the case of: •concomitant use of other corticosteroid products, such as tablets, creams, ointments, asthma medications, similar nasal sprays, or eye/nose drops. •fever or an infection in the nasal passages or sinuses. • recent injury or surgery to the nose, or problems with ulceration in the nose. Clinically significant drug interactions in patients receiving fluticasone propionate and ritonavir, resulting in systemic corticosteroid effects including Cushing's syndrome and adrenal suppression. Therefore, concomitant use of fluticasone propionate and ritonavir should be avoided, unless the potential benefit to the patient outweighs the risk of systemic corticosteroid side-effects. Systemic effects of nasal corticosteroids may occur, particularly when prescribed at high doses for prolonged periods. These effects are much less likely to occur than with oral corticosteroids and may vary in individual patients and between different corticosteroid preparations. Potential systemic effects may include Cushing's syndrome, Cushingoid features, adrenal suppression, growth retardation in children and adolescents, cataract, glaucoma and more rarely, a range of psychological or behavioural effects including psychomotor hyperactivity, sleep disorders, anxiety, depression, or aggression. Dymista® Control Nasal Spray undergoes extensive first-pass metabolism, therefore the systemic exposure of intranasal fluticasone propionate in patients with severe liver disease is likely to be increased. This may result in a higher frequency of systemic adverse events. Caution is advised in these patients. Treatment with higher than recommended doses of nasal corticosteroids may result in clinically significant adrenal suppression. If there is evidence for higher than recommended doses being used, then additional systemic corticosteroid cover should be considered during periods of stress or elective surgery. In general, the dose of intranasal fluticasone formulations should be reduced to the lowest dose at which effective control of the symptoms of rhinitis is maintained. Higher doses than the recommended one have not been tested for Dymista® Control. As with all intranasal corticosteroids, the total systemic burden of corticosteroids should be considered whenever other forms of corticosteroid treatment are prescribed concurrently. Visual disturbance may be reported with systemic and topical corticosteroid use. If a patient presents with symptoms such as blurred vision or other visual disturbances, the patient should be considered for referral to an ophthalmologist for evaluation of possible causes which may include cataract, glaucoma, or rare diseases such as central serous chorioretinopathy (CSCR) which have been reported after use of systemic and topical corticosteroids. Close monitoring is warranted in patients with a change in vision or with a history of increased ocular pressure, glaucoma and/or cataracts. If there is any reason to believe that adrenal function is impaired, care must be taken when transferring patients from systemic steroid treatment to Dymista® Control Nasal Spray. In patients who have tuberculosis, any type of untreated infection, or have had a recent surgical operation or injury to the nose or mouth, the possible benefits of the treatment with Dymista® Control Nasal Spray should be weighed against possible risk. Infections of the nasal airways should be treated with antibacterial or antimycotical therapy, but do not constitute a specific contraindication to treatment with Dymista® Control Nasal Spray. Dymista® Control Nasal Spray contains benzalkonium chloride. Long term use may cause oedema of the nasal mucosa. **Side-effects:** Very Common (≥1/10): Epistaxis. Common (≥1/100 and <1/10): Headache, dysgeusia (unpleasant taste), unpleasant smell. Uncommon (≥1/1,000 and <1/100): Nasal discomfort (including nasal irritation, stinging, itching), sneezing, nasal dryness, cough, dry throat, throat irritation. Rare (≥1/10,000 and <1/1000): Dry mouth. Very rare (<1/10,000): Hypersensitivity including anaphylactic reactions, angioedema (oedema of the face or tongue and skin rash), bronchospasm, dizziness, somnolence, glaucoma, increased intraocular pressure, cataract, nasal septal perforation, mucosal erosion, nausea, rash, pruritus, urticaria, fatigue, weakness. Side effects where the frequency cannot be estimated from available data: blurred vision, nasal ulcers. Systemic effects of some nasal corticosteroids may occur, particularly when administered at high doses for prolonged periods. In rare cases osteoporosis was observed if nasal glucocorticoids were administered long-term. **Product licence number:** PL 46302/0094 **Name and address of the product licence holder:** Mylan Products Ltd, Station Close, Potters Bar, Hertfordshire, EN6 1TL, United Kingdom. **Supply classification:** P. Cost: £13.72 (Trade price) **Document number:** UK-DTC-2024-00044. **Date last revised:** December 2024

Please continue to report suspected adverse drug reactions with any medicine or vaccine to the MHRA through the Yellow Card Scheme. It is easiest and quickest to report adverse drug reactions online via the Yellow Card website: https://yellowcard.mhra.gov.uk/ or search for MHRA Yellow Card in the Google Play or Apple App Store. Alternatively, you can report via some clinical IT systems(EMIS/SystmOne/Vision/MiDatabank) or by calling the Commission on Human Medicines(CHM) free phone line: 0800-731-6789. Adverse reactions/events should also be reported to MAH at e-mail address: pv.uk@viatris.com

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