Rationale for Initiation, Continuation and Discontinuation (RICaD)

GRAZAX

Severe seasonal allergic rhinitis or rhinoconjunctivitis due to grass pollen

This document supports the use and transfer of an agent which is classified as **AMBER**.
It is intended for completion by specialists in order to give Primary Care prescribers a clear indication of the reason for recommending an **AMBER** medication together with suggested criteria for its subsequent continuation or discontinuation. This RICaD should be provided as a supplement to the specialist's clinical letter.

Patient details		**GP details**		**Specialist details**	
Name		**GP Name**	**Dr**	**Specialist Name**	
NHS number		**GP address**		**I confirm that this patient is eligible to receive Grazax under the restrictions listed below**	
DOB				**Signature**	
Patient address				**Date**	
				Contact details	

Rationale for Choice

Relevant Diagnosis:	Seasonal Allergic rhinitis/rhinoconjunctivitis due to Grass Pollen allergy in patients aged 5 years and above.
Agreed Indication(s) for inclusion in the BSSE APC Formulary:	Severe Seasonal Allergic Rhinitis/Rhinoconjunctivitis that is unresponsive to conventional medical treatment and affects health related quality of life. **This patient fits all the following criteria detailed below: Please cross boxes to confirm** Patient must have had maximal daily doses of non-sedating antihistamine ☐ and correctly administered topical nasal steroid for at least one pollen season. ☐ Patient must have proven sensitivity (IgE or skin prick test) to grass pollen. ☐
Reason why Grazax has been chosen in preference to drugs without Formulary restrictions:	Only licensed oral (sub-lingual) preparation. Potential for long term tolerance to grass pollen after 3 years of treatment. Good safety record.
Special precautions	**Absolute contraindications**: Should not be commenced in pregnancy. Previous severe reaction to Grazax or any of the excipients. Concurrent malignancy. Asthma: • Unstable chronic asthma (wheeze during pollen season only is not a contra-indication). • Moderate, severe asthma and/or in adults: FEV1 < 70% of predicted value after adequate pharmacologic treatment, in children: FEV1 < 80% of predicted value after adequate pharmacologic treatment (absolute contraindication) Cardiac condition of concern. Chronic respiratory disease with poor lung reserve(absolute contraindication) **Relative contraindications (cases assessed on individual merits):** If pregnancy occurs during treatment, the treatment may continue after evaluation of the general condition (including lung function) of the patient and reactions to previous administration of Grazax. In patients with pre-existing asthma close supervision during pregnancy is recommended. Systemic autoimmune disease Immunodeficiency

	Active bleeding/inflammation/ulcer in oral cavity.(e.g. oral lichen planus with ulcerations or severe oral mycosis) Psychiatric disorders that may affect compliance/safety Previous malignancy Long term oral steroids Immunosuppression or immunomodulatory agents **Most patients will still require antihistamines and/or topical nasal steroids during peak pollen counts.** **Cautions:-** • In case of oral surgery, including dental extraction, and shedding of a deciduous tooth in children, treatment with Grazax should be stopped for 7 days to allow healing of the oral cavity. • In children with concomitant asthma and experiencing an acute upper respiratory tract infection Grazax treatment should be temporarily discontinued until the infection has resolved • Current use of ACE inhibitors. • Current use of beta-blockers. • Do not take immediately after food. • Do not indulge in heavy exercise for 1 hour after taking. • Severe fish allergy: Grazax contains fish-derived gelatine. The available data have not indicated an increased risk of allergic reactions in severe fish allergic patients. However, awareness is suggested when initiating treatment with Grazax in these patients. • In post marketing experience, cases of serious anaphylactic reactions have been reported and therefore the medical supervision at start of treatment is an important precaution. In some cases the serious anaphylactic reaction has occurred at doses subsequent to the initial dose. • The onset of systemic symptoms may include flushing, intensive itching in palms of hand and soles of the feet, and other areas of the body (like a nettle rash). Sense of heat, general discomfort and agitation/anxiety may also occur. In case of severe systemic reactions, angioedema, difficulty in swallowing, difficulty in breathing, changes in voice, hypotension or feeling of fullness in the throat a physician should be contacted immediately. In such cases treatment should be discontinued permanently or until otherwise advised by the physician. If patients with concomitant asthma experience symptoms and signs indicating asthma deterioration, treatment should be discontinued and a physician consulted immediately in order to evaluate the continuation of treatment. • In patients who have previously had a systemic reaction to grass subcutaneous immunotherapy, the risk of experiencing a severe reaction with Grazax may be increased. Initiation of Grazax should be carefully considered and measures to treat reactions should be available. • Serious anaphylactic reactions may be treated with adrenaline. The effects of adrenaline may be potentiated in patients treated with tricyclic antidepressants and/or mono amino oxidase inhibitors (MAOIs) with possible fatal consequences; this should be taken into consideration prior to initiating specific immunotherapy. • In post marketing experience, isolated cases of eosinophilic esophagitis have been reported in association with Grazax treatment. In patients with severe or persisting gastro-esophageal symptoms such as dysphagia or dyspepsia, discontinuation of Grazax treatment should be considered. • Clinical experience in relation to simultaneous vaccination and treatment with Grazax is missing. Vaccination may be given without interrupting treatment with Grazax after medical evaluation of the general condition of the patient.
Pre-treatment test results	Positive IgE or skin prick test to Timothy grass pollen. Lung function testing. Oral cavity examination.

Guidance on initiation

Initiation dose:	One tablet sub-lingually daily at least 4 months prior to the expected start of the grass pollen season for 3 years.
Additional info:	To be initiated only in specialist centres practising Specific (allergy) Immunotherapy. • Clinical effect in the first grass pollen season is expected when treatment is initiated at least 4 months prior to the expected start of the grass pollen season. If treatment is initiated 2-3 months before the season some efficacy may also be obtained. • In order to enable patient and physician to discuss any side effects and possible actions it is recommended that the first oral lyophilisate is taken under medical supervision (20-30 minutes) • It is recommended to continue treatment with Grazax for a period of 3 years • Grazax is an oral lyophilisate. The oral lyophilisate should be taken from the blister unit with dry fingers, and placed under the tongue, where it will disperse. • Swallowing should be avoided for about 1 minute. Food and beverage should not be taken for the following 5 minutes. • The oral lyophilisate should be taken immediately after opening the blister.
Monitoring:	Patients will be reviewed at least annually by the initiating team for side effects and efficacy. On initiation, patients will be told to stop treatment immediately if any of the contra-indications arise and have contact details of the initiating centre to discuss the contraindication or possible minor side effects such as persistent oral irritation. If the patient misses the dose for ≥5 days in succession, treatment is reinitiated under specialist supervision. Lung function testing – especially if pre-existing asthma. Oral cavity examination.

Suggested Criteria for Continuation or Discontinuation

Assessment of Efficacy	
Frequency	End of each pollen season by initiating medical team. GP practice to ensure no contraindications to Grazax arise prior to issue of repeat prescription. If collections are sporadic, poor compliance should be suspected and reported to the initiating centre. Patient will have working hours (9am to 5pm) access to advice from the initiating team. Initiating team to provide contact details.
Location	Outpatients clinic/GP practice
Method (what tests are required)	Annual health related quality of life assessment by initiating centre Allergy medication usage. NB: Monitoring by specific or total IgE levels or by skin prick testing is of no relevance. Lung function testing – especially if pre-existing asthma. Oral cavity examination.
Continuation Criteria	Improved work or social activity during pollen season. Decrease in allergy medication usage during pollen season.
Discontinuation Criteria	Moderate or severe allergic symptoms: swelling in oral cavity or of throat or tongue. Deterioration of previously well controlled asthma or eczema. No clinical improvement. Contra-indication arises (see special precautions section). Poor compliance as full benefit is only gained if taken on a daily basis. If no relevant improvement of symptoms is observed during the first pollen season, there is no indication for continuing the treatment.
Follow up action	Minimum of annual review following the grass pollen season (Mid-September onwards) by initiating specialist team.
Shared Care Read Code	In the patients notes, using the appropriate Read Code listed below, denote that the patient is receiving treatment under a shared care agreement

GP Prescribing System	Read Code	Description
EMIS and Vision	8BM5.00	Shared care prescribing
SystmOne	XaB58	Shared care

Reference	Grazax SmPC