

Pharmacy Name: _____

Pharmacy Permit Number: _____

**PROTOCOL FOR PHARMACIST DISPENSING OF ALLERGIC RHINITIS
THERAPIES**

V3

Approved 09/10/2026

PURPOSE

This protocol specifies the criteria and procedures for pharmacist(s) to initiate the dispensing of medications for symptomatic relief of allergic rhinitis.

PHARMACIST EDUCATION AND TRAINING

Prior to initiating the dispensing of allergic rhinitis therapies under this protocol, pharmacist(s) must have received education and training in the treatment of allergic rhinitis from a provider accredited by the Accreditation Council for Pharmacy Education, or by a comparable provider approved by the Kentucky Board of Pharmacy.

CRITERIA

Pharmacist(s) authorized to initiate the dispensing of allergic rhinitis therapies will follow the most current practice guidelines for allergic rhinitis treatment.¹

Inclusion criteria:

- Any individual, 2 years or older, who currently presents with one or more symptoms of allergic rhinitis:
 - nasal congestion
 - clear rhinorrhea
 - sneezing
 - itchy nose

Exclusion criteria:

- Individuals who are pregnant or lactating
- Children under 2 years of age
- Individuals presenting with any of the following:
 - Severe persistent allergic rhinitis
 - Symptoms of undiagnosed or uncontrolled asthma
 - Prolonged expiration and diffuse wheezing

- Cough
- Difficulty breathing
- Symptoms associated with sinusitis
 - Purulent discharge
 - Facial pain
 - Fever
- Symptoms usually not associated with allergic rhinitis:
 - Loss of smell
 - Nasal obstruction without discharge or unilateral obstruction
 - Posterior discharge
 - Malaise
- Earache
- Recurrent epistaxis

MEDICATIONS

This protocol authorizes pharmacist(s) to initiate the dispensing of any medication approved by the FDA for treatment of allergic rhinitis or upper respiratory allergies included in the therapeutic classes listed below using the drugs and doses provided in the attached medication guide. Sufficient quantities to provide up to a 30-day supply of medication may be dispensed including refills for up to 6 months.

- Intranasal corticosteroids (INCS)
- Intranasal antihistamines
- Second generation oral antihistamines
- Oral decongestants
- Combination of any of the above

PROCEDURES FOR INITIATION OF THERAPY

Allergic rhinitis therapy initiation will follow current guidelines¹ and will be individualized based on relevant medical and social history, patient preferences, and consideration of contraindications and precautions of therapy as outlined below and in the attached medication guide.

Relevant Medical and Social History

- Past medical history
- Current medications
- Allergies and hypersensitivities

Contraindications and Precautions (see medication guide for details)

- Known hypersensitivity to product ingredients

- Cardiovascular disease
- Uncontrolled hypertension
- Urinary retention
- Glaucoma
- Geriatrics

PROCEDURES FOR MONITORING AND CONTINUATION OR ADJUSTMENT OF THERAPIES

Follow-up monitoring and evaluation to determine effectiveness, adverse effects, and patient progress with therapy is required if therapy is to continue following the initial dispensation. If follow-up monitoring and evaluation indicates therapy continuation is warranted, medication refills may be authorized up to 6 months.

Should follow-up evaluation and monitoring indicate an adjustment in therapy is warranted, all procedures as outlined for initiation of therapies, including education, documentation and notification, will be followed.

EDUCATION REQUIREMENTS

Individuals, or their parent/guardian/caregiver, receiving allergic rhinitis therapies under the protocol will receive education regarding:

1. Nonpharmacologic recommendations to reduce allergic response.
2. Education specific to the individual medication(s) dispensed.

DOCUMENTATION

Pharmacist(s) shall document via prescription record each person who receives allergic rhinitis therapies under this protocol, including:

1. Documentation as required in 201 KAR 2:171 for the dispensing of prescription medication; and
2. Documentation that the individual receiving the allergic rhinitis therapy (or caregiver) was provided with the required education pursuant to this protocol
3. Documentation of the history and assessment, the plan of care implemented, and follow-up monitoring and evaluation.

NOTIFICATION

Pharmacist(s) shall ask all persons receiving allergic rhinitis therapies under this protocol for the name and contact information of the individual's primary care provider and shall provide notification of the medications dispensed under the protocol to the identified primary care provider within two (2) business days. Any individual affirmatively stating that the individual does not have a primary care provider may still have allergic rhinitis therapies under this protocol provided all other applicable requirements of the protocol are met.

[If directed by the authorizing prescriber, the pharmacist(s) shall provide written notification via fax or other secure electronic means to the authorizing prescriber of

persons receiving allergic rhinitis therapies under this protocol within 7 days of initiating dispensing]

¹ Wallace DV, Dykewicz MS, Oppenheimer J, Portnoy JM, Lang DM. Pharmacologic Treatment of Seasonal Allergic Rhinitis: Synopsis of Guidance From the 2017 Joint Task Force on Practice Parameters. *Ann Intern Med.* 2017;167:876–881. doi: 10.7326/M17-2203.

TERMS

This protocol is authorized pursuant to 201 KAR 2:380 and is effective when it is submitted to the registry. Any termination shall require prior notice to all parties no later than 30 days after discontinuing the protocol.

SIGNATURES

Prescriber Name

Date

Prescriber Kentucky License Number

Prescriber Signature

Pharmacist Name

Date

Pharmacist Kentucky License Number

Pharmacist Signature

Course Taken for Training: _____

Provider of Training: _____

Date Training Completed: _____

Any pharmacist not party to the protocol will be subject to discipline should they utilize the protocol. A pharmacist utilizing the protocol must be employed by or contracted with the permit listed in the executed protocol.

For additional pharmacists party to this protocol, the pharmacy should keep a list of the additional pharmacists and their training at the pharmacy.

ADDITIONAL SIGNATURE PAGE

By signing below, I attest that I read and understand the Board-authorized protocol, entitled : _____ and that I will follow all guidelines and requirements included in the Board-authorized protocol.

Pharmacist Name

Date

Pharmacist Kentucky License Number

Pharmacist Signature

Course Taken for Training: _____

Provider of Training: _____

Date Training Completed: _____

Medication Guide

Drug class	Generic	Brand	Formulation(s)	Indication	Dosage(s)	Pediatric dose	AEs (frequent and/or clinically significant)	Contraindications	Notes
Intranasal Corticosteroids (INCS)	Budesonide	Rhinocort	Nasal solution	Allergy symptoms	Allergic rhinitis: Intranasal: Two sprays (64 mcg) in each nostril once daily (total daily dose: 128 mcg/day). Once symptoms improve, reduce to one spray (32mcg) in each nostril once daily (total daily dose: 64 mcg/day) Maximum dose: two sprays [128 mcg] in each nostril once daily.	Allergic rhinitis (Rx): Children ≥12 years and Adolescents: Refer to adult dosing. Children 6 to <12 years: Intranasal: one spray (32 mcg) per nostril once daily; dose may be increased if needed to two sprays (64 mcg) per nostril once daily. After improvement of symptoms, decrease dose to one spray (32 mcg) per nostril once daily. If duration of therapy exceeds two months, consider additional monitoring parameters (eg, growth). Maximum daily dose: 128 mcg/day.	Bronchospasm, cough, epistaxis, nasal mucosa irritation, pharyngitis	Known hypersensitivity to budesonide or any component of the formulation or in children <6 years of age	
	Fluticasone Propionate	Flonase; Flonase Allergy Relief	Nasal solution	Allergy symptoms	Allergic Rhinitis (OTC): Intranasal: Initial: Two sprays (50 mcg/spray) per nostril once daily (200 mcg/day) or one spray in each nostril twice daily, scheduled or as needed; if symptoms are controlled after 1 week, may reduce to one spray per nostril once daily (100 mcg/day), scheduled or as needed. Do not use for more than 6 months unless instructed by health care provider.	Children ≥12 years and Adolescents: Refer to adult dosing. Children 4 to <12 years: Intranasal: one spray per nostril once daily (total daily dose 100 mcg/day). Do not use for more than 2 months unless instructed by a health care professional.	Headache, epistaxis	Known hypersensitivity to fluticasone or any component of the formulation or in children <4 years of age	
	Fluticasone Furoate	Flonase Sensimist	Nasal solution	Allergy symptoms	Initial: Two sprays (27.5 mcg/spray) per nostril once daily (110 mcg/day) scheduled or as needed; after 1 week, may adjust to 1 spray per nostril once daily (55 to 110 mcg/day) scheduled or as needed. Do not use for more than 6 months unless instructed by healthcare provider.	Children ≥12 years and Adolescents: Intranasal: Initial: two sprays per nostril once daily; once symptoms are controlled, dosage may be reduced to one spray per nostril once daily. Maximum daily dose: two sprays per nostril once daily (total daily dose: 110 mcg/day) Children 2 to <12 years: Intranasal: one spray per nostril once daily; dose may be increased, if needed, to two sprays per nostril once daily; after improvement of symptoms, decrease dose to one spray per nostril once daily. Maximum daily dose: two sprays per nostril once daily (total daily dose: 110 mcg/day)	Headache, epistaxis	Known hypersensitivity to fluticasone or any component of the formulation	
	Flunisolide (Rx only)	Apo-Flunisolide, Nasalide, Rhinalar	Nasal solution	Allergy symptoms	Intranasal: Two sprays (50 mcg) in each nostril twice daily (total daily dose: 200 mcg/day); may increase to 2 sprays in each nostril 3 times daily (total daily dose: 300 mcg/day); maximum dose: 8 sprays/day in each nostril (total daily dose: 400 mcg/day)	Children and Adolescents 6 to 14 years: One spray (25 mcg) in each nostril 3 times daily or 2 sprays (50 mcg) in each nostril twice daily; not to exceed 4 sprays/day in each nostril (total daily dose: 200 mcg/day). Once symptoms are controlled, the dose should be reduced to the lowest effective dose; 1 spray (25 mcg) per nostril once daily may be effective in some patients (total daily dose: 50 mcg/day) Adolescents ≥15 years: Refer to adult dosing.	Stinging/burning sensation of nose, headache, epistaxis	Known hypersensitivity to flunisolide or any component of the formulation or in children <6 years of age	
	Mometasone Furoate	Nasonex	Nasal solution	Allergy symptoms	Allergic rhinitis (seasonal and perennial): Intranasal: 2 sprays (100 mcg) in each nostril once daily (total daily dose: 200 mcg) Seasonal allergic rhinitis (prophylaxis): Intranasal: 2 sprays (100 mcg) in each nostril once daily (total daily dose: 200 mcg); treatment should begin 2 to 4 weeks prior to the anticipated start of pollen season	Allergic rhinitis (seasonal and perennial): Intranasal: Children ≥12 years and Adolescents: Refer to adult dosing. Seasonal allergic rhinitis (prophylaxis): Intranasal: Children ≥12 years and Adolescents: Refer to adult dosing. Children 2 to <12 years: Intranasal: 50 mcg (1 spray) per nostril once daily (total daily dose: 100 mcg/day).	Headache, viral infection, epistaxis, blood in nasal mucosa, pharyngitis	Known hypersensitivity to mometasone or any component of the formulation	
	Ciclesonide (Rx only)	Omnaris	Nasal solution	Allergy symptoms	Allergic rhinitis (seasonal and perennial): Two sprays (50 mcg/spray) per nostril once daily; maximum: 200 mcg/day	Allergic rhinitis (perennial): Children ≥12 years and Adolescents: Refer to adult dosing. Children 2 to <12 years: one or two sprays (50 mcg or 100 mcg) per nostril once daily; maximum daily dose: 200 mcg/day Allergic rhinitis (seasonal): Children ≥6 years and Adolescents: Refer to adult dosing.	Epistaxis	Known hypersensitivity to ciclesonide or any component of the formulation	
	Beclomethasone Dipropionate (Rx only)	Qnasl	Nasal solution	Allergy symptoms	Inhalation, nasal: Qnasl 80 mcg: Two inhalations (160 mcg) in each nostril once daily (maximum: 320 mcg daily)	Children ≥12 years and Adolescents: Qnasl 80 mcg: Refer to adult dosing. Children 4 to <12 years: Qnasl Childrens (40 mcg/spray): Intranasal: 1 spray (40 mcg) per nostril once daily (total dose: 80 mcg/day); maximum daily dose: 80 mcg/day.	Epistaxis, nasopharyngitis	Known hypersensitivity to beclomethasone or any component of the formulation or in children <4 years of age	
	Triamcinolone Acetonide	Nasacort Allergy	Nasal solution	Allergy symptoms	Two sprays (110 mcg) in each nostril once daily; once symptoms controlled reduce to 1 spray (55 mcg) in each nostril once daily (maximum: 2 sprays [110 mcg] in each nostril once daily). Discontinue therapy if adequate symptomatic relief is not observed within 3 weeks (1 week for OTC use).	Children ≥12 years and Adolescents: Refer to adult dosing. Children 6 to <12 years: Initial: One spray per nostril once daily (Total daily dose: 110 mcg/day); may increase to 2 sprays per nostril once daily if response not adequate (Total daily dose 220 mcg/day); once symptoms are controlled, reduce to 1 spray per nostril once daily (Total daily dose 110 mcg/day). Maximum daily dose: 2 sprays per nostril/day (220 mcg/day) Children 2 to <6 years: One spray per nostril once daily. (Total daily dose 110 mcg/day). Maximum daily dose: 1 spray per nostril/day (110 mcg/day)		Known hypersensitivity to triamcinolone acetonide or any component of the formulation or in children <4 years of age	

Medication Guide

Drug class	Generic	Brand	Formulation(s)	Indication	Dosage(s)	Pediatric dose	AEs (frequent and/or clinically significant)	Contraindications	Notes
Intranasal Antihistamine	Azelastine (Rx only)	Astelin, Astepro	Nasal solution	Rhinitis	Perennial allergic rhinitis: Intranasal: Astepro (0.15% solution): Two sprays in each nostril twice daily. Seasonal allergic rhinitis: Intranasal: Astepro (0.1% or 0.15% solution): One or two sprays (0.1% solution) in each nostril twice daily or two sprays (0.15% solution) in each nostril once daily Azelastine [generic] 0.1% solution: One or two sprays in each nostril twice daily	Perennial allergic rhinitis: Intranasal: Astepro: Children ≥12 years and Adolescents: Refer to adult dosing. Children 6 to <12 years: 0.15% solution: Intranasal: 1 spray per nostril twice daily Infants ≥6 months and children <6 years: 0.1% solution: Intranasal: 1 spray per nostril twice daily Seasonal allergic rhinitis: Intranasal: Astepro: Children ≥12 years and Adolescents: Refer to adult dosing. Azelastine [generic] 0.1% solution: Children ≥12 years and Adolescents: Refer to adult dosing.	Bitter taste, headache, drowsiness, rhinitis exacerbation	Known hypersensitivity to azelastine or any component of the formulation	
	Olopatadine (Rx only)	Patanase	Nasal solution	Rhinitis	Intranasal: 2 sprays into each nostril twice daily	Children >12 years: refer to adult dose Children 6 to <12 years: One spray per nostril twice daily	Bitter taste, epistaxis	Known hypersensitivity to Olopatadine or any component of the formulation	
2nd Generation Oral Antihistamine Decongestant	Fexofenadine	Allegra, Mucinex Allergy	Suspension, tablet	Rhinitis	Twice daily formulations: 60 mg every 12 hours (maximum: 120 mg/day) Once daily formulations: 180 mg once daily (maximum: 180 mg/day)	Twice-daily formulations: Oral suspension: Children ≥2 to <12 years: Oral: 30 mg every 12 hours; maximum daily dose: 60 mg/day. Children ≥12 years and Adolescents: Oral: Refer to adult dosing. Orally-disintegrating tablet (ODT): Children ≥6 years to <12 years: Oral: 30 mg every 12 hours; maximum daily dose: 60 mg/day. Children ≥12 years and Adolescents: Oral: Refer to adult dosing. 12-hour tablet: Children ≥12 years and Adolescents: Refer to adult dosing. Once-daily formulation: Children ≥12 years and Adolescents: Refer to adult dosing.	Vomiting, Anticholinergic effects (dry mouth, blurred vision, urinary retention, constipation)	Known hypersensitivity to fexofenadine or any component of the formulation	Take with water (not juice due to decreased absorption); avoid administration with aluminum or magnesium-containing products.
	Loratadine	Alavert, Claritin	Tablet, capsule, solution, syrup	Rhinitis	Oral: 10 mg daily once daily or 5 mg twice daily (RediTabs)	Children ≥6 years: Refer to adult dosing. Children 2 to <6 years: 5mg once daily.	Headache, Anticholinergic effects (dry mouth, blurred vision, urinary retention, constipation)	Known hypersensitivity to loratadine or any component of the formulation	
	Desloratadine (Rx only)	Clarinex	Tablet, syrup	Rhinitis	Oral: 5 mg once daily	Perennial allergic rhinitis, chronic idiopathic urticaria: Oral: Children ≥12 years and Adolescents: Refer to adult dosing. Children 6 to <12 years: 2.5mg once daily Children 1 to 5 years: 1.25mg once daily Seasonal allergic rhinitis: Oral: Children ≥12 years and Adolescents: Refer to adult dosing. Children 6 to <12 years: 2.5mg once daily Children 2 to <6 years: 1.25mg once daily	Diarrhea, headache, cough, upper respiratory tract infection, fever	Known hypersensitivity to desloratadine, loratadine or any component of the formulation	
	Cetirizine	Zyrtec	Capsule, tablet, solution, syrup	Rhinitis	Oral: 5 to 10 mg once daily, depending upon symptom severity (maximum dose: 10 mg daily)	Children ≥6 years and Adolescents: Refer to adult dosing. Children 2 to <6 years: 2.5 to 5mg once daily. May also administer as 2.5mg twice daily.	Drowsiness, headache	Known hypersensitivity to cetirizine, hydroxyzine, levocetirizine, or any component of the formulation	
	Levocetirizine	Xyzal	Tablet, solution	Rhinitis	Oral: 5 mg once daily (in the evening); some patients with less severe symptoms may experience relief with 2.5 mg once daily; maximum dose: 5 mg/day	Allergic rhinitis (OTC only): Oral: Children ≥12 years and Adolescents: Refer to adult dosing. Children 6 to <12 years: 2.5mg once daily (in the evening). Infants ≥6 months and children <6 years: 1.25mg once daily (in the evening).	Diarrhea	Known hypersensitivity to levocetirizine, cetirizine, or any component of the formulation; end-stage renal disease (CrCl <10 mL/minute); hemodialysis; infants and children 6 months to 11 years of age with renal impairment.	
Oral	Phenylephrine	Sudafed PE	Tablet, solution	Nasal congestion	10 mg every 4 hours as needed (maximum: 60 mg/24 hours)	Children ≥12 years and Adolescents: Refer to adult dosing Children 6 to <12 years: 5mg every 4 hours as needed; maximum daily dose of 30mg in 24 hours. Children 4 to <6 years: 2.5mg every 4 hours as needed; maximum daily dose of 15mg in 24 hours	Tachycardia, increased BP, anxiety, insomnia, dizziness	Use with or within 14 days of MAO inhibitor therapy. Known hypersensitivity to phenylephrine or any component of the formulation	Phenylephrine has low bioavailability (~38%). Use with caution in patients with cardiovascular disease and uncontrolled hypertension.

	Pseudoephedrine	Sudafed, Nexafed	Tablet, syrup	Nasal congestion	Immediate release: 60 mg every 4 to 6 hours; Extended release: 120 mg every 12 hours or 240 mg every 24 hours; maximum: 240 mg per 24 hours	Children ≥12 years and Adolescents: Refer to adult dosing Children 6 to <12 years: Immediate release: 30mg every 4 to 6 hours; maximum daily dose: 120 mg/24 hours Children 4 to <6 years: Immediate release: Fixed dose: 15 mg every 4 to 6 hours; maximum daily dose: 60 mg/24 hours Weight-directed dosing: 1 mg/kg/dose every 6 hours; maximum dose: 15 mg/dose Children <4 years: Limited data available: Immediate release: 1 mg/kg/dose every 6 hours; maximum dose: 15 mg/dose	Tachycardia, increased BP, anxiety, insomnia, dizziness	When used for self-medication: Use with or within 14 days of MAO inhibitor therapy. Known hypersensitivity to pseudoephedrine or any component of the formulation	Use with caution in patients with cardiovascular disease and uncontrolled hypertension
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Drug class	Generic	Brand	Formulation(s)	Indication	Dosage(s)	Pediatric dose	ADEs (frequent and/or clinically significant)	Contraindications	Notes
2nd Generation Antihistamine/Pseudoephedrine Combination Products	Cetirizine/Pseudoephedrine	Zyrtec D	Tablet	Upper Respiratory Allergies	One tablet (cetirizine 5 mg/pseudoephedrine 120 mg) twice daily (maximum: 2 tablets [cetirizine 10 mg/pseudoephedrine 240 mg] per day)	Children ≥12 years and Adolescents: Refer to adult dosing.	Xerostomia, dizziness, drowsiness, fatigue, insomnia, epistaxis, pharyngitis	When used for self-medication: Use with or within 14 days of MAO inhibitor therapy. Known hypersensitivity to cetirizine, pseudoephedrine, hydroxyzine, or any component of the formulation	Use with caution in patients with cardiovascular disease and uncontrolled hypertension
	Fexofenadine/Pseudoephedrine	Allegra D	Tablet	Seasonal Allergic Rhinitis	Fexofenadine 60 mg/pseudoephedrine 120 mg 12 Hour: One tablet twice daily. Fexofenadine 180 mg/pseudoephedrine 240 mg 24Hour: One tablet once daily.	Children ≥12 years and Adolescents: Refer to adult dosing.	Anticholinergic effects (dry mouth, blurred vision, urinary retention, constipation), tachycardia, increased BP, anxiety, insomnia, dizziness	When used for self-medication: Use with or within 14 days of MAO inhibitor therapy. Known hypersensitivity to fexofenadine, pseudoephedrine, or any component of the formulation	Use with caution in patients with cardiovascular disease and uncontrolled hypertension
	Loratadine/Pseudoephedrine	Claritin D	Tablet	Allergy symptoms	Loratadine 5 mg/pseudoephedrine 120 mg per tablet: One tablet every 12 hours. Loratadine 10 mg/pseudoephedrine 240 mg per tablet: One tablet daily (maximum: 1 tablet/day) (maximum: 2 tablets/day)	Children ≥12 years and Adolescents: Refer to adult dosing.	Anticholinergic effects (dry mouth, blurred vision, urinary retention, constipation), tachycardia, increased BP, anxiety, insomnia, dizziness	When used for self-medication: Use with or within 14 days of MAO inhibitor therapy. Known hypersensitivity to loratadine, pseudoephedrine, or any component of the formulation	Use with caution in patients with cardiovascular disease and uncontrolled hypertension
	Desloratadine/Pseudoephedrine	Clarinex D	Tablet	Seasonal or Allergic Rhinitis	Desloratadine 2.5 mg/pseudoephedrine 120 mg every 12 hours; Maximum: Desloratadine 5 mg/pseudoephedrine 240 mg daily	Children ≥12 years and Adolescents: Refer to adult dosing.	Insomnia, headache, fatigue, dizziness, drowsiness, xerostomia, anorexia, nausea, pharyngitis	When used for self-medication: Use with or within 14 days of MAO inhibitor therapy. Known hypersensitivity to loratadine, desloratadine, pseudoephedrine, or any component of the formulation	Use with caution in patients with cardiovascular disease and uncontrolled hypertension

References: Lexi-Drugs [online database]. Hudson, OH. Accessed 2026 August 11.
Clinical Pharmacology [online database]. Tampa, FL. Accessed 2026 August 11