This comprehensive practice parameter for allergic rhinitis (AR) and nonallergic rhinitis (NAR) provides updated guidance on diagnosis, assessment, selection of monotherapy and combination pharmacologic options, and allergen immunotherapy for AR. Newer information about local AR is reviewed. Cough is emphasized as a common symptom in both AR and NAR. Food allergy testing is not recommended in the routine evaluation of rhinitis. Intranasal corticosteroids (INCS) remain the preferred monotherapy for persistent AR, but additional studies support the additive benefit of combination treatment with INCS and intranasal antihistamines in both AR and NAR. Either intranasal antihistamines or INCS may be offered as first-line monotherapy for NAR. Montelukast should only be used for AR if there has been an inadequate response or intolerance to alternative therapies. Depot parenteral corticosteroids are not recommended for treatment of AR due to potential risks. While intranasal decongestants generally should be limited to short-term use to prevent rebound congestion, in limited circumstances, patients receiving regimens that include an INCS may be offered, in addition, an intranasal decongestant for up to 4 weeks. Neither acupuncture nor herbal products have adequate studies to support their use for AR. Oral decongestants should be avoided during the first trimester of pregnancy. Recommendations for use of subcutaneous and sublingual tablet allergen immunotherapy in AR are provided. Algorithms based on a combination of evidence and expert opinion are provided to guide in the selection of pharmacologic options for intermittent and persistent AR and NAR. (J Allergy Clin Immunol 2020;146:721-67.)

Key words: *Allergic rhinitis, nonallergic rhinitis, vasomotor rhinitis, local allergic rhinitis, food allergy antihistamines, corticosteroids, ipratropium, allergen immunotherapy, decongestants*

Abbreviations used

AH:	Adenoidal hypertrophy
AIT:	Allergen immunotherapy
AR:	Allergic rhinitis
CBS:	Consensus based statements
CHM:	Chinese herbal medicine
CRS:	Chronic rhinosinusitis
CT:	Computed tomography
DBPC:	Double-blind, placebo controlled
DP:	*Dermatophagoides pteronyssinus*
FDA:	US Food and Drug Administration
GRADE:	Grading of Recommendations, Assessment, Development and Evaluation
INAH:	Intranasal antihistamines
INCS:	Intranasal corticosteroids
JTFPP:	Joint Task Force on Practice Parameters
LAR:	Local allergic rhinitis
LTRA:	Leukotriene receptor antagonist
NAPT:	Nasal allergen provocation test
NAR:	Nonallergic rhinitis
NARES:	Nonallergic rhinitis with eosinophilia syndrome
NSAID:	Nonsteroidal anti-inflammatory drug
NSD:	Nasal septal deviation
OAS:	Oral allergy syndrome
PAR:	Perennial allergic rhinitis
QOL:	Quality of life
SAR:	Seasonal allergic rhinitis
SCIT:	Subcutaneous allergy immunotherapy
sIgE:	Serum-specific IgE
SLIT:	Sublingual immunotherapy
SLIT-D:	Sublingual immunotherapy administered by liquid drops
SLIT-T:	Sublingual immunotherapy administered via tablets
TRPV1:	Transient receptor potential vanilloid 1
VAS:	Visual analog scale
VMR:	Vasomotor rhinitis
UACS:	Upper airway cough syndrome

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