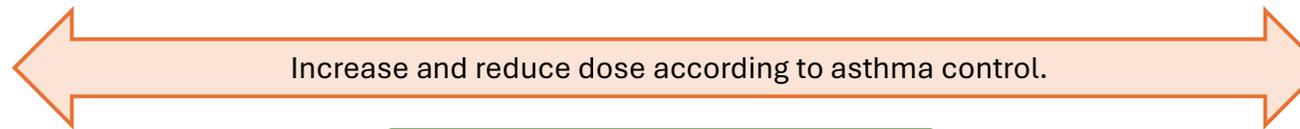


Check: [self-management plan](#), symptoms, exacerbations, inhaler technique, adherence, how many inhalers used (too few/ many), vaccines offered, smoking & pollution.
 Consider [Allergy treatment](#). Advise : If treatment becomes less effective or symptoms deteriorate – seek medical attention.



Uncontrolled with moderate dose MART? See page 2

Expiry Cost Age (SIT License)
3 years £28 ≥12 years
2 years £19 ≥12 years
4 months £21.50 ≥12 years
3 months £14 ≥18 years

Single Inhaler Therapy (SIT) (No salbutamol or other SABA)

Formoterol/Budesonide. 120 dose DPI

Symbicort Inhaler 200/6

WockAir 160/4.5

Fobumix 160/4.5

If DPI not suitable

Formoterol/Beclomethasone 120 dose MDI

Luforbec 100/6

Bibecfo 100/6

Newly diagnosed or only using a SABA

AIR
(Anti-Inflammatory Reliever)

ONE reliever dose PRN
(consider expiry)

Uncontrolled on AIR OR new & highly symptomatic
(e.g. regular nocturnal waking or recent exacerbation)

Low dose MART
(Maintenance And Reliever Therapy)

ONE dose BD & 1 reliever PRN

Uncontrolled on low dose MART

Moderate dose MART
(Maintenance And Reliever Therapy)

TWO doses BD & 1 reliever PRN

**PRN Reliever : 1 dose as needed. Symptoms after a few minutes? Take an additional dose
 No more than 6 doses on any single occasion: See Asthma attack advice box below.**

Formoterol/budesonide DPI
 Best evidence for AIR & MART
 Low carbon footprint
 ≥12 licence for AIR & MART
 Longer in use expiry options convenient for AIR

Formoterol/beclomethasone MDI & DPI
 Off label for AIR and moderate MART. Offer a spacer. Areochambers are compatible

MART max daily doses
Formoterol/budesonide DPI
 Normally not more than 8 doses a day. Max 12 doses a day for limited period.
 Seek medical attention
Bibecfo & Luforbec MDI.
 8 doses in 24 hrs

≥ 5 doses in 24 hrs = High dose ICS.
 5 doses in 24 hours = 150 doses per month > 1 inhaler
 8 doses in 24 hours = 240 doses per month = 2 inhalers



Uncontrolled Asthma on Moderate MART

Check: [self-management plan](#), symptoms, exacerbations, inhaler technique, adherence, how many inhalers used (too few/ many), vaccines offered, smoking & pollution.
Consider [Allergy treatment](#). Advise : If treatment becomes less effective or symptoms deteriorate – seek medical attention.

If asthma uncontrolled despite good adherence and inhaler technique check blood eosinophil count and FeNO level (if available)

If blood eosinophils[†] raised despite good adherence (at least 75% of expected inhalers collected)

Refer to Secondary Care

REFERRAL CRITERIA:

- FeNO / eosinophil raised[†]
or
- asthma still uncontrolled despite trials of Montelukast and Tiotropium
or
- ≥ 2 courses of oral steroids in previous 12 months

If blood eosinophils[†] are **NOT** raised or patient is awaiting Secondary Care appt:

Moderate MART with 12- week trial of:

Either

Montelukast ([MHRA warning](#))

- 12-14 years 5mg OD
- >15 years 10mg OD

Or

Tiotropium ([only for CrCl >49ml/min, see other cautions](#))

- Spiriva Respimat 2 doses OD
- Tiogiva 1 dose OD
(unlicensed)



After 12-week trial:

- If asthma controlled, continue treatment
- or
- If improved but inadequate, continue treatment & start trial of alternative.
- or
- If not improved, **STOP** treatment and start trial of alternative

If uncontrolled

[†] above upper limit of normal for local lab