SPPG - Asthma Management and Prescribing Guideline—12 Years and Over

This guideline is intended to support the implementation of NICE/SIGN/BTS Guidance (NG24) and NI Formulary inhaler choices

CORE PRINCIPLES

- Perform objective tests to confirm a suspected diagnosis of asthma
- All patients should be treated with an inhaled corticosteroid (ICS)
- The **preferred regimen** as per the NICE/SIGN/BTS algorithm is a regular ICS/formoterol containing inhaler, with as needed doses of the same inhaler taken in response to symptoms (maintenance and reliever therapy, MART) or
- In mild asthma with infrequent symptoms, ICS/formoterol can be used on an **if and when needed basis** (PRN), without regular maintenance dosing. This anti-inflammatory reliever (AIR) approach reduces the risk of exacerbations and unscheduled appointments compared with daily ICS and PRN SABA
- The regimen previously recommended by NICE is included for reference. Consider continuing if a patient is stable, with good adherence, infrequent use of SABA inhalers (<3 per year) and no exacerbations in the last year on their current therapy. If a patient is poorly controlled they should be **switched to the preferred AIR or MART regimen**.

INHALER PRINCIPLES

- Choice of inhaler is based on patient's preference and technique (use in-check device to assess inspiratory effort if required)
- Whenever possible choose a device with low global warming potential (GWP) rather than those with high GWP
- Whenever possible choose a device recommended by the NI Formulary. The Combination ICS inhaler section indicates the AIR and MART licensed products.
- If more than one inhaler is prescribed ensure these have the same technique (i.e. do not mix DPIs and MDIs)
- MDIs should be used with a spacer device
- Prescribe by brand and specify device (e.g. Fobumix Easyhaler, etc.)
- Encourage people to take their used or expired inhalers to their pharmacy for greener disposal.

ASTHMA CONTROL

- Good control is: no daytime symptoms, no night time waking, no limitations in activity, no exacerbations.
- Uncontrolled asthma: Any exacerbation requiring oral corticosteroids **or** frequent regular symptoms (such as using reliever inhaler 3 or more days a week or night-time waking 1 or more times a week)
- Before stepping up therapy confirm symptoms are due to asthma and address inhaler technique, adherence, trigger avoidance and co-morbidities
- Consider stepping down treatment if good control for 3 months

EXACERBATION/EMERGENCY TREATMENT (AIR/MART)

- Administer up to 6 doses of ICS/Formoterol at one minute intervals. If symptoms persist, seek urgent medical advice
- After any exacerbation, the patient should be reviewed and have their Personal Asthma Action Plan (PAAP) updated.

Preferred regimen *- Anti-inflammatory reliever (**AIR**) therapy and Maintenance and Reliever Therapy (**MART**) - Patients use the same anti-inflammatory ICS/Formoterol inhaler for maintenance (BD) and reliever (PRN) doses*

Examples of inhaler choices are shown and other options are available. The NICE guidance recognizes that some inhalers may need to be used 'off-label'. Licensed indications can be viewed on the products SPC.

STEP 1: MILD ASTHMA

Start pathway here if mild, infrequent symptoms (1-2 days/week or less)

STEP 2: PERSISTENT ASTHMA

Start pathway here if symptoms ≥ 3 days per week or waking with asthma ≥ 1/week

STEP 3: ONGOING POOR CONTROL

Uncontrolled, despite good adherence to low dose ICS/LABA

ADD-ON THERAPIES

Check FeNO level, (if available), and blood eosinophil count. If neither is raised consider trial of LTRA or LAMA.

NEXT STEPS: CONSIDER REFERRAL

Consider trial of high-dose ICS/LABA and referral to secondary care for asthma phenotyping +/- biological therapy

INDICATIONS FOR REFERRAL:

- Diagnostic uncertainty
- Complex comorbidity
- Suspected occupational asthma
- Raised FENO or eosinophils at Step 4
- Poor control following treatment at Step 4
- ≥ 2 courses of oral steroids/year

As needed low dose ICS/Formoterol reliever

Maintenance doses - None
Reliever doses - PRN

Options Include

- **Fobumix Easyhaler 160/4.5** — 1 dose PRN up to 8 doses/day
- **Symbicort Turbohaler 200/6** — 1 dose PRN up to 8 doses/day
- **DuoResp Spiromax 160/4.5** — 1 dose PRN up to 8 doses/day

MART - low dose ICS/ Formoterol

*Maintenance doses - **1 dose BD***
Reliever doses - PRN

Options Include

- **Fobumix Easyhaler 160/4.5** — Max doses/day: 12
- **Symbicort Turbohaler 200/6** — Max doses/day: 12
- **Fostair NEXThaler 100/6** — Max doses/day: 8
- **DuoResp Spiromax 160/4.5** — Max doses/day: 12

MART - moderate dose ICS/ Formoterol

*Maintenance doses - **2 doses BD***
Reliever doses - PRN

Options Include

- **Fobumix Easyhaler 160/4.5** — Max doses/day: 12
- **Symbicort Turbohaler 200/6** — Max doses/day: 12
- **Fostair NEXThaler 100/6** — Max doses/day: 8
- **DuoResp Spiromax 160/4.5** — Max doses/day: 12

DPIs should be chosen where possible to reduce the global carbon footprint of inhaler prescribing. The evidence base for MART supports use of DPIs and implementing these as 1st line choices can provide a large reduction in the carbon footprint.

or

pMDIs have a disproportionately high carbon footprint. Consider using the NICE Patient Decision Aid: Inhalers for Asthma to support discussions on more environmentally friendly options with patients.

Further resources on how to reduce the carbon footprint of inhalers and greener disposal are available on the Primary Care intranet here.

- **Luforbec MDI + spacer 100/6** — Max doses/day: 8
- **Fostair MDI + spacer 100/6** — Max doses/day: 8

Other bioequivalent products may be considered

or

- **Luforbec MDI + spacer 100/6** — Max doses/day: 8
- **Fostair MDI + spacer 100/6** — Max doses/day: 8

Other bioequivalent products may be considered

Consider a trial of LTRA or LAMA in addition to MART regimen

for 8 to 12 weeks unless there are side effects

At the end of the trial:

Discontinue if no benefit or if control has improved but is still inadequate, continue the treatment and start a trial of the other medicine

Options Include

- **Montelukast tabs 10mg** at night
- *and/or*
- **Spiriva Respimat 2.5mcg** 2 doses OD

Return Inhalers to Pharmacy for Greener Disposal.

In Northern Ireland, more than 2 million inhalers are prescribed every year and 99% go into landfill. Inhalers should not be disposed of in household waste.

Return used or unwanted inhalers to a community pharmacy → Pharmacy

Trial of high dose ICS/ Formoterol

Discontinue if no benefit after 3 months.
Issue steroid warning card.
High dose ICS/LABA can only be used as part of fixed dose regime **with PRN SABA.**
Not to be used as per MART.

Without LAMA	*With LAMA*
Fobumix Easyhaler 320/9 *2 doses BD*	**High dose ICS/ Formoterol** *with add on* **Spiriva Respimat 2.5mcg** *2 doses OD* *Or switch from high dose ICS/LABA to triple therapy containing high dose ICS/LABA/LAMA*
Symbicort Turbohaler 400/12 *2 doses BD*	
Fostair NEXThaler 200/6 *2 doses BD*	
DuoResp Spiromax 320/9 *2 doses BD*	
Relvar Ellipta 184/22 *1 dose OD*	
or	***or***
Luforbec MDI + Spacer 200/6 *2 doses BD* **Fostair MDI + spacer 200/6** *2 doses BD*	If already on an MDI *Consider triple therapy containing high dose ICS/LABA/LAMA e.g.* **Trimbow MDI 172/5/9** *2 doses BD*
and	***and***
As needed SABA	

Previously recommended regimen *- patients use a different inhaler for maintenance (OD or BD) and reliever (PRN)*

Consider changing patients to a low or moderate dose MART regimen if uncontrolled on a treatment pathway previously recommended by NICE or BTS/SIGN guidelines.

- *Regular low dose ICS & PRN SABA*
- *Regular low dose ICS/LABA & PRN SABA*
- *Regular moderate dose ICS/LABA& PRN SABA*
- *Add on trial of LAMA* — *Discontinue if no benefit after 3 months*
- *Trial of montelukast 10mg at night* *(Discontinue if no benefit after 6 weeks)*

Note: This guideline is formatted and based on the All Wales Adult Asthma Management and Prescribing Guideline - February 2024 (Updated March 2024) with kind permission of the All Wales Medicines Strategy Group (AWMSG).