Primary Care Medicines Optimisation of Asthma in Adults and Children aged 12 years and over (June 2025)

Frimley Health and Care ICS

Newly diagnosed, or currently uncontrolled, asthma in people aged 12 and over

AIR (Anti Inflammatory Reliever)

- One inhalation of inhaled corticosteroid(ICS)/formoterol as needed in response to symptoms
- This will provide rapid acting bronchodilation while reducing airways inflammation
- Reliever is ICS/formoterol instead of SABA
- **Short acting beta 2 agonist (SABA) inhaler is not to be prescribed**
- Dosing as below for individual inhalers
- Review if using more than 8 puffs daily or for more than 7 days
- Patients should be assessed at regular intervals to determine whether their as-needed treatment is optimal or whether they should be moved to MART . If using more than 3 times weekly review for MART therapy.

MART (Maintenance and Reliever Therapy)

- One inhalation of ICS/formoterol twice daily with ICS/formoterol used as reliever. **SABA inhaler is not to be prescribed as a reliever**
- Highly symptomatic /severe exacerbations or not controlled on AIR therapy -start low dose MART
- Not controlled on traditional bd maintenance therapy -start MART at dose as per NICE/BTS/SIGN 2024 which is detailed on page 2.
- NHS Frimley MART Action Plans can be found here and in DXS. Review response to treatment in 8-12 weeks
- Use Asthma inhalers and the environment: BTS, NICE and SIGN patient decision aid to help patient decide on which inhaler to use
- If extra puffs used regularly see over leaf for high dose ICS information

Additional add-ons : long acting anti-muscarinic (LAMA) or leukotriene receptor antagonist (LTRA) —if not controlled on moderate dose MART despite good adherence

- Check fractional exhaled nitric oxide (FeNO) level (if available) and blood eosinophil count
- If either of these is raised refer to specialist.
- If neither is raised consider trial of either LTRA ie, montelukast 10mg or inhaled LAMA ie Spiriva Respimat
- Triple therapy inhaler devices (ICS/LABA/LAMA) are reserved for specialist initiation only. These are fixed dose inhalers and not licensed for MART therapy.

First line = dry powder inhalers Costs for 30 days at 4 puffs/day	AIR (Anti inflammatory Reliever)	MART (Maintenance and Reliever Therapy)
 ****Duoresp Spiromax®160/4.5** (budesonide/ formoterol) **£27.99**	One puff PRN One additional puff if symptoms persist Maximum 6 puffs on a single occasion Maximum 8 puffs in 24 hours however a total daily dose of up to 12 inhalations can be used for a limited period	**Low dose** 160/4.5 one puff bd **Moderate dose** 160/4.5 two puffs bd plus extra "reliever" doses . Maximum 6 puffs on a single occasion And 8 puffs in 24 hours.
 ****Fobumix Easyhaler®160/4.5** (budesonide/ formoterol) **£21.50**	One puff PRN One additional puff if symptoms persist Maximum 6 puffs on a single occasion Maximum 8 puffs in 24 hours however a total daily dose of up to 12 inhalations can be used for a limited period	**Low dose** 160/4.5 one puff bd **Moderate dose** = 160/4.5 two puffs bd plus extra "reliever" doses Maximum 6 puffs on a single occasion and 8 puffs in 24 hours
 *****Fostair NEXThaler® 100/6** (beclometasone/ fomoterol) **£29.32**	One puff PRN One additional puff if symptoms persist Maximum 6 puffs on a single occasion Maximum 8 puffs in 24 hours	**Low dose** 100/6 one puff bd **Moderate dose** = 100/6 two puff bd plus extra "reliever" doses Maximum 8 puffs in 24 hours
 ****Symbicort Turbohaler® 200/6** (budesonide/ formoterol) **£28**	One puff PRN One additional puff if symptoms persist Maximum 6 puffs on a single occasion Maximum 8 puffs in 24 hours however a total daily dose of up to 12 inhalations can be used for a limited period	**Low dose** 200/6 one puff bd **Moderate dose** 200/6 two puffs bd plus extra "reliever" doses Maximum 6 puffs on a single occasion and 8 puffs in 24 hours
Only use MDI below if patient cannot use DPI . *Use with spacer*		ICS doses BTS, NICE and SIGN asthma guideline
 *****Bibecfo® 100/6** (beclometasone/ formoterol) **£13.98**	One puff PRN One additional puff if symptoms persist Maximum 6 puffs on a single occasion Maximum 8 puffs in 24 hours	**Low dose** 100/6 one puff bd **Moderate dose** 100/6 two puff bd plus extra "reliever" doses . Maximum 8 puffs in 24 hours.
 *****Luforbec® 100/6** (beclometasone/ formoterol) **£13.98**	One puff PRN One additional puff if symptoms persist Maximum 6 puffs on a single occasion Maximum 8 puffs in 24 hours	**Low dose** 100/6 one puff bd **Moderate dose** 100/6 two puffs bd plus extra "reliever" doses Maximum 8 puffs in 24 hours
 *****Proxor® 100/6** (beclometasone / formoterol) **£9.90**	One puff PRN One additional puff if symptoms persist Maximum 6 puffs on a single occasion Maximum 8 puffs in 24 hours	**Low dose** 100/6 one puff bd **Moderate dose** 100/6 two puffs bd plus extra "reliever" doses . Maximum 8 puffs in 24 hours

Do not supply SABA as rescue therapy

NB Although Duoresp 160/4.5 ® Symbicort 200/6 ® and Fobumix 160/4,5 are the only inhaler devices ***specifically*** licensed for reliever therapy NICE cites *"corticosteroid /formoterol combination"* as the treatment option. Therefore all inhalers above are recommended at equivalent doses but prescribers must be aware that use is off label. The current evidence supporting the use of budesonide/formoterol is based on the use of a dry powder inhaler .

**** licensed 12 years and over ***licensed 18 years and over**

Montelukast 10mg oral tablets
One tablet at night

Spiriva Respimat® (tiotropium)
Two puffs OD
Soft mist. Refill cartridges available

Trial for 8-12 weeks.

- If effective—continue
- If effective but asthma still uncontrolled continue and start a trial of the other medicine.
- If ineffective-withdraw and consider a trial of the other medicine
- If not controlled despite moderate MART therapy and trials of add -on therapy refer to respiratory specialist

Aims of Treatment

- No daytime symptoms
- No night time awakening due to asthma
- No need for reliever medication
- No asthma attacks
- No limitations on activity including exercise+
- FEV1 and PEF >80% of best

- **Dry powder inhalers (DPIs)** need less co-ordination and reduce carbon footprint. However a deep, forceful inhalation is required.
- **MDI (with spacer device)** can help with co-ordination difficulties, increase lung deposition, reduce local side effects. A long slow, gentle inhalation is required.
- Check patient has correct technique prior to any changes.
- Video and patient leaflets for inhaler technique access **here**
- Use an *"In-Check"* dial for assessment of inspiratory flow and to aid inhaler technique training.
- Prescribe new inhaler devices only during face to face review after the patient has adequate training and can demonstrate satisfactory technique

DPI (lower carbon footprint) to be considered first

MDI (higher carbon footprint to be considered if the patient is unable to use a DPI and/ or has reduced inspiratory flow

Inhalers are listed in alphabetical order (not preference).
Decide on the best device with the patient

Empty, part used or unused inhalers and cartridges should be returned to pharmacies for safe disposal

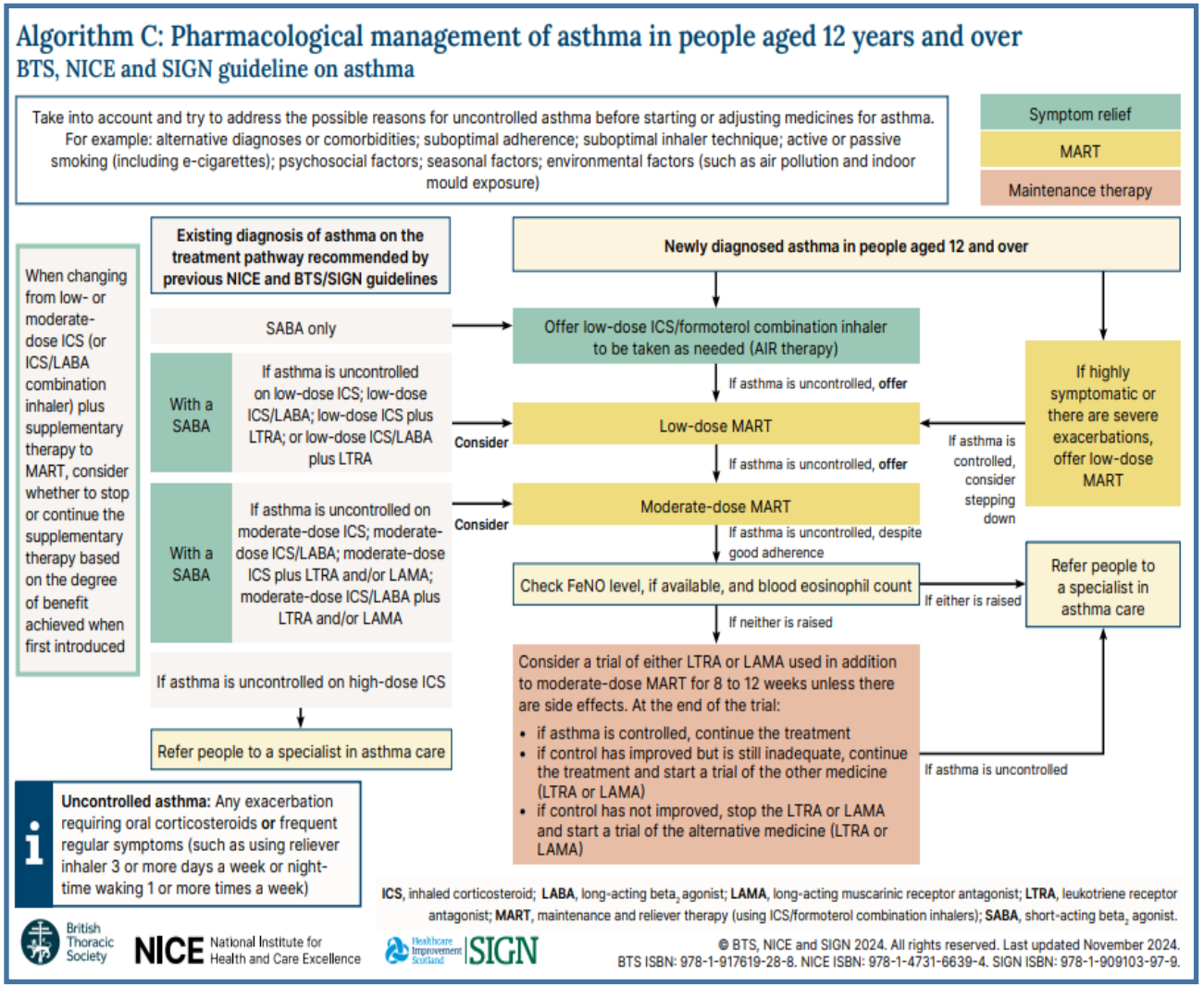
Prescribe inhalers by brand only

Spacers

Easychamber® or AeroChamber Plus Flow-Vu Anti-Static® range are the spacers of choice locally.

Refer to respiratory specialist when asthma is not controlled despite treatment with moderate-dose MART and trials of LTRA and a LAMA

Author: Frimley ICB MO Team	Date Ratified: July 2025
Committee ratified: Medicines Optimisation Board	Review Date: Jan 2027



Diagnosis and Monitoring

Refer to Overview | Asthma: diagnosis, monitoring and chronic asthma management (BTS, NICE, SIGN) | Guidance | NICE

This guideline covers diagnosing (including use of objective tests) monitoring and managing asthma in adults, young people and children.

It aims to improve the accuracy of diagnosis, help people to control their asthma and reduce the risk of asthma

Acute Exacerbations

Refer to Scenario: Acute exacerbation of asthma | Management | Asthma | CKS | NICE for full information on :

- assessment and management of acute exacerbation of asthma
- how to determine the severity of the exacerbation
- treatment of moderate, acute severe and life threatening exacerbations
- patients who experience acute severe exacerbations and life-threatening asthma attacks should be referred for specialist care
- in exceptional cases a patient using MART therapy may be advised by a specialist to hold a salbutamol MDI .
- if there are concerns about a patient being able to use a DPI during an asthma attack , MDI + spacer may be a suitable alternative

High Dose Inhaled Corticosteroids

- Prolonged high dose ICS >1000 mcg BDP daily can result in systemic side effects
- Information on ICS dosing can be found at ICS doses BTS, NICE and SIGN asthma guideline
- National guidance on who should be issued a steroid card can be found at Microsoft Word - SPSS-FE_Supporting_SEC_ final_10032021 (1).docx

References

- Asthma: diagnosis, monitoring and chronic asthma management (BTS, NICE, SIGN) **here**
- Inhaler device images from RightBreathe **here**
- Prescribing off label **here**