
















Maintenance Management of Asthma – Inhaled and Oral Therapies (adults)

- All patients should be offered a short acting β 2 Agonist (SABA) FOR USE AS REQUIRED – salbutamol MDI or terbutaline DPI
- Doses of Inhaled corticosteroids (ICS) are expressed as very low (generally paediatric dose), low (generally starting dose for adults), medium and high
- Initial maintenance therapy is a low dose ICS- 200mcg-400mcg beclomethasone or alternative low dose ICS
- Initial step up is addition of a long acting beta agonist (LABA) to LOW DOSE ICS prescribed as a combination inhaler
- Additional add on therapies should be tried if symptoms remain uncontrolled
- Further step ups in ICS dose can be made if symptoms remain uncontrolled but doses should be stepped down once control has been achieved and maintained for three months
- Where possible ensure consistency of device when stepping up and down



	Stepping Down		Stepping Up		
Metered Dose Inhaler (MDI) options	Low dose ICS	Low dose ICS + LABA	Medium dose ICS + LABA	High dose ICS + LABA	
<p>-Check compliance and confirm inhaler technique before initiating or stepping up</p> <p>- check asthma triggers</p> <p>- preferably use spacer and particularly for high doses</p>	<p>Clenil modulite 100mcg (beclomethasone)</p>  <p>1puff twice daily (£2.22 30 days) 2 puffs twice daily (£4.45 30 days)</p>	<p>Fostair MDI 100/6mcg (beclomethasone + formoterol)</p>  <p>1 puff twice a day (£14.66 30 days) **suitable for MART</p>	<p>Fostair MDI 100/6mcg (beclomethasone + formoterol)</p>  <p>2 puffs twice a day (£29.32 30 days) **suitable for MART</p>	<p>Fostair MDI 200/6mcg (beclomethasone + formoterol)</p>  <p>2 puffs twice a day (£29.32 30 days)</p>	<p>Try further add on therapies * and referral to secondary care</p>
<p>Alternative choice</p> <p>- Check inhaler technique before changing</p> <p>- Consider once daily regimens in patients with poor adherence</p>	<p>Alvesco 80mcg (ciclesonide)</p>  <p>1 puff once daily (£8.21 30 days) 2 puffs once daily (£16.42 30 days)</p> <p>For patients who have unacceptable side effects (dysphonia, oropharyngeal candidiasis, cough, throat irritation and reflex bronchospasm) caused by corticosteroid despite thorough post-dose mouth rinsing, use of a spacer and treatment of candidiasis.</p>	<p>Seretide 50/25mcg (fluticasone propionate + salmeterol)</p>  <p>2puffs twice a day (£18.10 30 days)</p>	<p>AirFluSal 125/25mcg (fluticasone propionate + salmeterol)</p>  <p>2puffs twice a day (£18.50 30 days)</p>	<p>AirFluSal 250/25mcg (fluticasone propionate + salmeterol)</p>  <p>2puffs twice a day (£29.95 30 days)</p>	

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	← Stepping Down		Stepping Up →	
Dry Powder Inhaler (DPI) options	Low dose ICS	Low dose ICS + LABA	Medium dose ICS + LABA	High dose ICS + LABA
<ul style="list-style-type: none"> - check compliance and confirm inhaler technique before initiating or stepping up -check asthma triggers - ensure capacity for DPI (HIGH inspiratory flow >30L/min) 	Pulmicort turbohaler 100mcg (budesonide)  1 puff twice daily (£3.55 30 days) 2 puffs twice daily (£7.10 30 days)	Fostair Nexthaler 100/6mcg (beclomethasone + formoterol)  1 puff twice a day (£14.65 30 days)	Try additional add on therapies*	Fostair Nexthaler 200/6mcg (beclomethasone + formoterol)  2 puffs twice a day (£29.32 30 days)
		Symbicort 200/6mcg (budesonide + formoterol)  1 puff twice a day (£14.00 30 days) **suitable for MART		Symbicort 200/6mcg (budesonide + formoterol)  2 puffs twice a day (£28.00 30 days) **suitable for MART
Additional add on therapies: <ul style="list-style-type: none"> - Montelukast 10mg ON - Phyllocontin Continus can be initiated at 225mg BD and titrated according to aminophylline levels. - Tiotropium respimat 2.5mcg 2 puffs OD may be considered but should not be a substitute for LABA therapy. If no benefit is gained from the above discontinue treatment.	Alternative choices <ul style="list-style-type: none"> - Check inhaler technique before changing - Consider once daily regimens in patients with poor adherence and note only available in medium-high dose ICS 		Try further add on therapies and referral to secondary care	Relvar Ellipta 184/22mcg (fluticasone furoate + vilanterol)  1 puff once a day (£29.50 30 days)
			Relvar Ellipta 92/22mcg (fluticasone furoate + vilanterol)  1 puff once a day (£22.00 30 days)	

****Maintenance and Reliever Therapies (MART)** is where the prescribed combination inhaler is used for both preventer and reliever treatment. Patients with difficult to control asthma may benefit from this treatment as they are able to increase and decrease the amount of inhaled steroid they take according to their symptoms. This treatment should only be used in combination with an asthma action plan directing the patient when to increase their treatment and the maximum number of doses they should take. Only Fostair 100/6 MDI, Symbicort 100/6 turbohaler and Symbicort 200/6 turbohaler are licensed for this use.