

SELECTING & ADJUSTING ASTHMA MEDICATION FOR ADULTS & ADOLESCENTS

Refer to specialist

Consider referral Consider add-on treatments. e.g. LAMA

Monitor and adjust to maintain good symptom control and minimise risks at lowest effective ICS dose

Consider starting at levels 3 or 4 for new patient with frequent or uncontrolled symptoms (check PBS criteria)

Monitor and adjust to maintain good symptom control and minimise risks at lowest effective ICS dose

specialised treatment

REGULAR DAILY ICS-LABA (MEDIUM-HIGH DOSE)

ICS-formoterol maintenance-and-reliever therapy (medium dose as regular daily maintenance plus low dose as needed)

OR

Regular daily maintenance ICS-LABA combination (medium-high dose) + SABA reliever as needed

budesonide-formoterol (budesonide fluticasone furoate-vilanterol more than 400 microg/day) DPI BiResp Spiromax, DuoResp Spiromax, Rilast Turbuhaler, Symbicort Turbuhaler Breo Ellipta 100/25, 200/25

Add-on specialised treatments

(see asthmahandbook.org.au)

budesonide-formoterol pMDI

Rilast Rapihaler 100/3

microg/day) pMDI

Fostair 100/6, 200/6

Symbicort Rapihaler 100/3

beclometasone-formoterol

(beclometasone more than 200

budesonide-formoterol (budesonide fluticasone propionate-formoterol more than 400 microg/day) pMDI Rilast Rapihaler 100/3, 200/6 Symbicort Rapihaler 100/3, 200/6

MEDICINES AND STRENGTHS THAT CAN BE USED AT EACH TREATMENT LEVEL - See product information for the number of doses that should be prescribed for different treatment steps.

OPTION A: ICS-formoterol maintenance-and-reliever therapy3 (medium dose as regular daily maintenance plus low dose as needed)

(fluticasone furoate 100-200 microg/ day) DPI

budesonide-formoterol DPI

OPTION B: Regular daily maintenance ICS-LABA combination (medium-high dose) [+ SABA reliever as needed] fluticasone propionate-salmeterol (fluticasone propionate more than (fluticasone propionate more than 200 microg/day) pMDI 200 microg/day) DPI

Flutiform 125/5, 250/10 Fluticasone Salmeterol Ciphaler, Pavtide Accuhaler, Seretide Accuhaler fluticasone propionate-salmeterol (fluticasone propionate more than

mometasone-indacaterol DPI (mometasone more than 62.5 microg/ day) DPI

Evocair MDI, Fluticasone + Salmeterol, Cipla, Pavtide, SalplusF, Seretide, Seroflo Atectura Breezhaler

REGULAR DAILY ICS-LABA (LOW DOSE)

ICS-formoterol maintenance-and-reliever therapy (low dose as regular daily maintenance plus low dose as needed)

Regular daily maintenance ICS-LABA combination (low dose) + SABA reliever as needed

beclometasone-formoterol pMDI Fostair 100/6

budesonide-formoterol DPI BiResp Turbuhaler 200/6 DuoResp Spiromax 200/6 Rilast Turbuhaler 200/6

Symbicort Turbuhaler 100/6, 200/6

OPTION A: ICS-formoterol maintenance-and-reliever therapy2 (low dose as regular daily maintenance plus low dose as needed) budesonide-formoterol pMDI

Rilast Rapihaler 100/3 Symbicort Rapihaler 50/3, 100/3

mepolizumab

omalizumab

BiResp Spiromax 200/6, DuoResp Spiromax 200/6, Rilast Turbuhaler 200/6, Symbicort Turbuhaler 200/6

200 microg/day) pMDI

Nucala

Xolair

OPTION B: Regular daily maintenance ICS-LABA combination (low dose) [+ SABA reliever as needed]

benralizumab

Fasenra

Dupixent

dupilumab

beclometasone-formoterol, (beclometasone up to 200 microg/day) pMDI Fostair 100/6

up to 400 microg/day) pMDI Rilast Rapihaler 100/3 Symbicort Rapihaler 50/3, 100/3 budesonide-formoterol (budesonide up to 400 microg/day) DPI BiResp Spiromax, DuoResp Spiromax,

budesonide-formoterol, (budesonide fluticasone propionate-formoterol Flutiform 50/5

fluticasone propionate-salmeterol, (fluticasone up to 200 microg/day) pMDI mometasone-indacaterol. Evocair MDI. Fluticasone + Salmeterol Cipla, Pavtide, SalplusF, Seretide, Seroflo Atectura Breezhaler Rilast Turbuhaler, Symbicort Turbuhaler

fluticasone propionate-salmeterol (fluticasone up to 200 microg/day) pMDI (fluticasone up to 200 microg/day) DPI Fluticasone Salmeterol Ciphaler, Pavtide Accuhaler, Seretide Accuhaler

(mometasone up to 62.5 microg/day) DPI

Monitor and adjust to maintain good symptom control and minimise risks

Level 2 is suitable starting treatment for most new patients

Consider only if symptoms less than twice a month and no risk factors for flare-ups

> Monitor SABA use. Continually reassess need for preventer

Budesonide-formoterol (low dose as needed)

Regular daily maintenance ICS (low dose)



OPTION A: Budesonide-formoterol anti-inflammatory reliever therapy¹ (low dose as needed)

budesonide 200 microg-formoterol 6 microg DPI

BiResp Spiromax 200/6, DuoResp Spiromax 200/6, Rilast Turbuhaler 200/6, Symbicort Turbuhaler 200/6

budesonide 100 microg-formoterol 3 microg via pMDI Symbicort Rapihaler 100/3

OPTION B: Regular daily maintenance ICS (low dose) [+ SABA reliever as needed]

beclometasone dipropionate 100-200 microg/day pMDI Qvar Autohaler, Qvar Inhaler

budesonide 200-400 microg/day DPI fluticasone propionate 100-200 microg/day pMDI Pulmicort Turbuhaler

Alvesco

Axotide, Flixotide, Fluticasone Cipla

ciclesonide 80-160 microg/day pMDI fluticasone propionate 100-200 microg/day DPI Axotide Accuhaler, Flixotide Accuhaler

salbutamol pMDI terbutaline DPI Asmol, Ventolin, Zempreon pMDI Bricanvl Turbuhaler

ALL PATIENTS

Assess individual risk factors and comorbidity

Advise patients to carry their reliever inhaler (SABA or ICS-formoterol) with them at all times

Provide education

Provide a personalised written asthma action plan

Provide information on non-pharmacological factors that influence asthma Ask about patient's goals, preferences and concerns and involve patient in making treatment decisions

LEGEND

Airomir Autohalei

inhaled corticosteroid LARA long-acting beta, agonist SARA short-acting beta, agonist IAMA long-acting muscarinic antagonist IDMa pressurised metered-dose inhaler DPI dry powder inhaler

Refore you consider

stepping up, check that: symptoms are due to asthma

adherence is adequate

inhaler technique is correct

Consider stepping up if good control is not achieved despite good adherence and correct inhaler technique.

When asthma is stable and well controlled for 2-3 months, consider stepping down

FOOTNOTES

- ¹ Only the listed strengths of budesonide-formoterol can be used in Step 2
- ² Only the listed strengths can be used for maintenance-and-reliever therapy
- 3 Only the listed strengths can be used for maintenance-and-reliever therapy
- * Not listed on PRS for MART

This chart was developed independently by the National Asthma Council Australia with support from AstraZeneca Australia and GlaxoSmithKline Australia (GSK).

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