

Nottinghamshire Adult Asthma Treatment Summary

This is a short guide for indicating locally recommended options at different steps of the adult BTS asthma guidelines. Other inhalers are available. See [Formulary](#)

Regular Preventer ADD: Low dose inhaled corticosteroid (ICS)

LOW dose ICS

1st choice:
Clenil Modulite® (CFC-free BDP) MDI 100 micrograms/ inhalation +/- spacer 2 puffs BD (£54)



OR
QVAR® Easibreathe (CFC-free BDP) MDI 50 microgram/inhalation 2 puff BD (£57)



Infrequent, short-lived wheeze SABA as required

1st choice:
Salbutamol MDI 100 micrograms/ inhalation: 2 puffs as required +/- spacer

2nd choices:
Salamol®
Easibreathe MDI 100 micrograms/ inhalation: 2 puffs as required
Or
Bricanyl® Turbohaler (Terbutaline) 500 micrograms / inhalation 1 puff as required

Initial Add-on Therapy

ADD a LABA

(switch separate ICS to a combination inhaler as per [BTS/SIGN](#) guidelines)

LOW dose ICS

Fostair® 100/6 MDI +/- spacer or NEXThaler 1 puff BD (£178)
OR

Flutiform® 50/5 MDI +/- spacer 2 puffs BD (£175)
OR

Symbicort® 200/6 turbohaler 1 dose BD (£170)
OR

DuoResp Spiromax 160/4.5, 1 dose BD (£170)



AND assess response and:

- a) **If beneficial and control adequate** maintain on current treatment and review in 3 months
- b) **If benefitted from LABA but control still inadequate:** continue LABA and increase dose of ICS by increasing the strength of the inhaler

MEDIUM dose ICS

Fostair® 100/6 MDI +/- spacer or NEXThaler 2 puffs BD (£356)

OR

Flutiform® 125/5 MDI +/- spacer 2 puffs BD (£340)

OR:

Symbicort® 200/6 turbohaler 2 doses BD (£340)

OR

DuoResp Spiromax 160/4.5, 2 doses BD (£339)

- c) **if poor response** to LABA: STOP LABA and increase the dose of ICS to **HIGH dose** and consider additional add on therapy

Additional Add-on Therapy

Consider referral to specialist



Spiriva® Respimat (Tiotropium) 2.5 microgram per inhalation, 2 puffs once daily (£276)

OR

Montelukast tablets 10mg at Night (£13)

Trial for 1 month, if no benefit stop and increase the dose of ICS.

If benefit seen but control still inadequate continue and increase the dose of ICS

HIGH dose ICS

Fostair® 200/6 MDI +/- spacer or NEXThaler 2 puffs BD (£356)

OR

Flutiform® 250/10 MDI +/- spacer 2 puffs BD (£553)

OR

Symbicort® 400/12 turbohaler 2 doses BD (£680)

OR

DuoResp Spiromax 320/9, 2doses BD (£679)

SPECIALIST REVIEW

ESSENTIAL

Patient may be considered for other therapies such as maintenance oral steroids or omalizumab (Red traffic light drug – specialist only as per NICE)

Alternative in patients with on-going exacerbations:

Symbicort® SMART®, Fostair MART® or DuoResp MART® Regimen for maintenance and reliever therapy see note 8 of the treatment summary

Nottinghamshire Adult Asthma Treatment Summary

Based on [BTS/ SIGN guidelines 2016*](#) and [NICE Quality Standards](#)

Guidance notes

1. All patients should have a written self-management plan [see APC website](#)
2. The aim of asthma management is control of the disease. Control of asthma is defined as:
 - No daytime symptoms
 - No night time awakening due to asthma
 - No need for rescue medication
 - No exacerbations
 - No limitation of activity including exercise
 - Normal lung function (FEV₁ and/or PEF > 80% predicted or best) **with minimal side effects.**

In clinical practice, patients may have different goals and may wish to balance the aims of asthma management against the potential side effects, or inconvenience of taking medication necessary to achieve perfect control.

3. Assessment of control can be achieved through asking 3 simple questions:
In the last week (or month):
 - a. Have you had difficulty sleeping because of your asthma symptoms (including cough)?
 - b. Have you had your usual asthma symptoms during the day (cough, wheeze, chest tightness or breathlessness)?
 - c. Has your asthma interfered with your usual activities (e.g. housework, work/school etc)?
 Consider stepping up if using SABA 3 times a week or more, symptomatic 3 times a week or more, waking due to symptoms one night a week or more or patient has had an exacerbation in the last 2 years
4. If a patient is ordering > 12 short acting beta-agonist inhalers per year, bring in for review but **do not refuse supply**
5. Use of a LABA inhaler should be alongside an ICS in a combination product **only**. A LABA should not be used alone in asthma
6. Adherence and inhaler technique must be checked before any step up in medication. A metered dose inhaler plus a spacer device, if required, are the recommended first line inhaler devices, if available. If a patient is unable to use an MDI ± spacer, consider alternative devices. Recommended spacer device for inhaler type:
QVAR[®], Flutiform[®] and Fostair[®] MDIs = AeroChamber Plus[®]
Clenil Modulite[®], Flixotide[®] and Seretide[®] MDIs = Volumatic[®]
7. Stepping down: A step down in medication (especially from high dose inhaled steroids – decrease steroid dose by 25-50% and monitor) should be implemented after 3 months of good control. (Please see aims of good control above)
8. Maintenance and reliever therapies (SMART / MART):
 - Symbicort[®], Fostair[®] or DuoResp[®] can be used for both maintenance and relief medication instead of a separate short – acting beta-agonist inhaler for selected patients who have seen a benefit with a long acting beta agonist, but are still not controlled following initial add-on therapy
 - Use of a separate SABA should be discouraged

Regimen	Symbicort [®] 200/6 SMART [®]	Fostair [®] 100/6 MART [®]	Duoresp Spiromax [®] 160/4.5
Maintenance dose	1 puff twice a day	1 puff twice a day	1 puff twice a day up to a maximum of 2 puffs twice a day
As required dose	1 puff, if symptoms persist after a few minutes, take an additional inhalation (max of 6 puffs per occasion, and 12 in 24 hours)	1 puff, if symptoms persist after a few minutes, take an additional inhalation (max of 8 inhalations in 24 hours)	1 puff, if symptoms persist after a few minutes, take an additional inhalation (max of 6 puffs per occasion, and 8- 12 in 24 hours)
Cost of one device	120 doses device = £28. Est. cost £18 to £21 per 30 days	120 dose device = £29 Est. cost £20 per 30 days	120 dose device = £28. Est. cost £21 per 30 days

9. Prescribe by brand: Generic prescribing leaves the brand and inhaler device that may be dispensed open to interpretation by the pharmacist and may result in variability in the type of inhaler device the patient receives. This may have negative effects on patient adherence to the inhaled therapy and on the control of their disease.