

Nottinghamshire Adult Asthma Treatment Summary

Nottinghamshire Area Prescribing Committee

Regular Preventer

LOW dose ICS

Green

- Easyhaler®
Beclometasone
200 mcg/dose DPI
1 dose BD
(£14.93/device)

OR

- Soprobec® MDI
- 100 mcg/ inhalation +/- spacer 2 puffs BD (£5.57/device)

OR

- QVAR® Easibreathe MDI 50 mcg/ inhalation 2 puffs BD (£7.87/device)

Prescribe a SABA in addition to other therapies for all patients except those on MART regimens. A SABA ALONE should ONLY be prescribed for the limited number of patients with infrequent, mild symptoms (<twice/ month).

1st line = DPI.
Easyhaler® Salbutamol 100mcg/dose (£3.31/device). For patients in whom a DPI is appropriate. NB Device expires 6 months after the foil pouch is opened

2nd line = MDI +/- spacer.
Salamol® 100mcg/dose Inhaler (£1.46/device)

3rd line = Breath actuated MDI.
Salamol Easi-Breathe® 100mcg/dose Inhaler (£6.30/device)

Add-on Therapy

ADD Montelukast tablets 10mg ON (£32/yr)- Review after 4 weeks. If not effective discontinue and switch to alternative treatment option (MART or regular LABA) as below.

OR Switch to Maintenance and Reliever Therapy (MART):

Fobumix Easyhaler® 160/4.5 MART (£21.50/ DPI device) DPI	Luforbec 100/6 MART (£20.52/ device) MDI	Fostair® Nexthaler 100/6 MART (£29.32/ device)
1 dose BD and 1 Dose PRN	1 puff BD and 1 puff PRN	1 dose BD and 1 Dose PRN

[Refer to MART guidance for more information on doses](#)

Or SWITCH to a regular LABA (always as a combination product with an ICS):

- Fobumix® 160/4.5 Easyhaler DPI 1 dose BD (£10.75/ 30days)

OR

- Luforbec ®100/6 MDI +/- Spacer 1 puff BD (£10.26/ 30 days)

OR

- Fostair Nexthaler® 100/6 DPI 1 dose BD (£14/ 30 days)

If LABA provides benefit but control still inadequate, INCREASE dose by using the higher strength inhalers

Prescribe inhalers by brand to avoid variability in the device that the patient receives as this may have negative effects on patient adherence and asthma control. [Asthma Management Plan](#) is vital.

Indicates a greener choice preparation

This guideline is a summary of first line choices but is not an exhaustive list. Please refer to the Nottingham APC formulary

Additional Add-on Therapy

Amb2

Any patient needing > 2 courses of oral corticosteroids/ year should be referred

[On Specialist advice only](#)

Trimbow® MDI inhaler
87/5/9, 172/5/9 2 puffs BD (£44.50/ 30 days)

OR

Spiriva® Respimat (Tiotropium) 2.5mcg per inhalation 2 puffs OD (£23 30 days)

+

HIGH DOSE ICS/LABA combination inhaler

Step down once asthma control is achieved

Specialist Therapies

Red

Patient may be considered for other therapies such as monoclonal antibody treatments.

Any patient needing > 2 courses of oral corticosteroids/ year should be referred.

KEY: ICS: Inhaled Corticosteroid, **SABA:** short acting beta₂ agonist, **LABA:** long acting beta agonist, **MDI:** metered dose inhaler, **DPI:** dry powder inhaler. **BDP:** beclometasone dipropionate.

Costs from Drug tariff and Rightbreathe, Dec 2022

Last Updated Jan 2023 , Review: Feb 2025

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Based on [BTS/ SIGN guidelines 2019](#) and [NICE NG80: Asthma: diagnosis, monitoring and chronic asthma management](#)

Guidance notes

1. All patients should have a written **self-management plan**- [see APC website](#)
2. Adherence and inhaler technique must be checked before any step up in medication. Patients should be prescribed a device that they can and want to use. Consider patient variable factors alongside their ability to use. Advise patient to visit [Right Breathe website](#) for videos on how to use device. Most patients should be on a single type of device wherever possible. Metered dose inhalers should be used with a spacer device wherever possible.

Recommended spacer device for inhaler type:

Luforbec®, *Trimbow®*, *QVAR®*, *Kelhale®*, *Flutiform®*, *Fostair®* and *Soprobec®* MDIs = AeroChamber Plus® (£5.21/each)
Salamol, *Clenil Modulite®*, *Flixotide®* and *Seretide®* MDIs = Volumatic® (£3.88/each)
3. Consider carbon footprint –note that DPIs and SMIs have a much lower carbon footprint than MDIs. Use a low carbon option where medication choices/ inhaler devices are equally appropriate. However, ensuring that the patient is able to use the device effectively must always be the priority- see point 2 above. For further information regarding environmental impact of respiratory disease management see [PCRS Position Statement](#).
4. 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)?
 Undertake an asthma review 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.
5. 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 at least 3 months of good control.

Table of Inhaled Corticosteroid Potencies (from BTS guidance)

ICS	Dose		
	Low dose	Medium dose	High dose
Beclometasone dipropionate			
Clenil Modulite pMDI	100 micrograms two puffs twice a	200 micrograms two puffs twice a	250 micrograms two puffs twice a day
Kelhale pMDI (extrafine)	50 micrograms two puffs twice a	100 micrograms two puffs twice a	100 micrograms four puffs twice a day
Qvar pMDI (extrafine) Qvar Easi-Breathe (extrafine)	50 micrograms two puffs twice a	100 micrograms two puffs twice a	100 micrograms four puffs twice a day
Beclometasone Easyhaler	200 micrograms one puff twice a	200 micrograms two puffs twice a	n/a
Fostair (pMDI) (extrafine) (beclometasone & formoterol)	100/6 one puff twice a day	100/6 two puffs twice a day	200/6 two puffs twice a day
Fostair (NEXThaler) (extrafine) (beclometasone & formoterol)	100/6 one puff twice a day	100/6 two puffs twice a day	200/6 two puffs twice a day
Trimbow (beclomethasone, formoterol and glycopyrronium	87/5/9 one puff twice a day	87/5/9 two puffs twice a day	172/5/9 two puffs twice a day
Soprobec (pMDI)	100 micrograms two puffs twice a day	200 micrograms two puffs twice a day	250 micrograms two puffs twice a day
Luforbec (beclomethasone, formoterol)	100/6 one puff twice a day	100/6 two puffs twice a day	200/6 two puffs twice a day
Budesonide			
Pulmicort Turbohaler	100 micrograms two puffs twice a ay 200 micrograms one puff twice a day	200 micrograms two puffs twice a day 400 micrograms one puff twice a day	400 micrograms two puffs twice a day
DuoResp Spiromax (Budesonide and formoterol)	160/4.5 one puff twice a day	160/4.5 two puffs twice a day 320/9 one puff twice a day	320/9 two puffs twice a day
Symbicort Turbohaler (Budesonide and formoterol)	100/6 two puffs twice a day 200/6	200/6 two puffs twice a day	400/12 two puffs twice a day
Fobumix Easyhaler (Budesonide and formoterol)	80/4.5 two puffs twice a day 160/4.5 one puff twice a day	160/4.5 two puffs twice a day 320/9 one puff twice a day	320/9 two puffs twice a day
Fluticasone propionate			
Flixotide Evohaler	50 micrograms two puffs twice a day day	125 micrograms two puffs twice a day	250 micrograms two puffs twice a
Flixotide Accuhaler	100 micrograms one puff twice a	250 micrograms one puff twice a day	500 micrograms one puff twice a day day
Flutiform MDI (Fluticasone propionate and formoterol)	50/5 two puffs twice a day	125/5 two puffs twice a day	250/10 two puffs twice a day
Aerivio Spiromax (Fluticasone propionate and salmeterol)	n/a	n/a	500/50 one puff twice a day
AirFluSal Forspiro (Fluticasone propionate and salmeterol)	n/a	n/a	500/50 one puff twice a day
Fluticasone/ salmeterol pMDI (AirFluSal, Aloflute, Combisal, Sereflo, Seretide Evohaler, Sirdupla etc)	50/25 two puffs twice a day	125/25 two puffs twice a day	250/25 two puffs twice a day
Fusacomb Easyhaler (Fluticasone propionate and salmeterol)	n/a	250/50 one puff twice a day	500/50 one puff twice a day
Seretide Accuhaler (Fluticasone propionate and salmeterol)	100/50 one puff twice a day	250/50 one puff twice a day	500/50 one puff twice a day
Fluticasone furoate			
Relvar Ellipta (Fluticasone furoate and vilanterol)	n/a	92/22 one puff once a day	184/22 one puff once a day
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