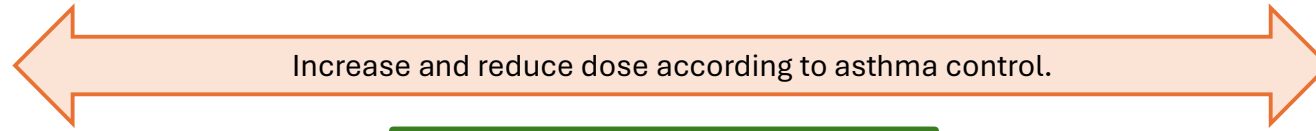









Check: [self-management plan](#), symptoms, exacerbations, inhaler technique, adherence, how many inhalers used (too few/ many), vaccines offered, smoking & pollution.  
Consider [Allergy treatment](#). Advise : If treatment becomes less effective or symptoms deteriorate – seek medical attention.



**Uncontrolled with moderate dose MART? See page 2**

Expiry Cost Age (SIT License)	Single Inhaler Therapy (SIT) (No salbutamol or other SABA)
	<b>Formoterol/Budesonide. 120 dose DPI</b> 
3 years £28 ≥12 years	 Symbicort Inhaler 200/6
2 years £19 ≥12 years	 WockAir 160/4.5
4 months £21.50 ≥12 years	 Fobumix 160/4.5
	<i>If DPI not suitable</i>
3 months £14 ≥18 years	<b>Formoterol/Beclomethasone 120 dose MDI</b> 
	 Luforbec 100/6  Bibecfo 100/6

**Newly diagnosed or only using a SABA**

**AIR**  
(Anti-Inflammatory Reliever)

**ONE reliever dose PRN**  
(consider expiry)

**Uncontrolled on AIR  
OR new & highly symptomatic**  
(e.g. regular nocturnal waking or recent exacerbation)

**Low dose MART**  
(Maintenance And Reliever Therapy)

**ONE dose BD & 1 reliever PRN**

**Uncontrolled on low dose MART**

**Moderate dose MART**  
(Maintenance And Reliever Therapy)

**TWO doses BD & 1 reliever PRN**

**PRN Reliever : 1 dose as needed. Symptoms after a few minutes? Take an additional dose  
No more than 6 doses on any single occasion: See Asthma attack advice box below.**

**Formoterol/budesonide DPI**  
Best evidence for AIR & MART  
Low carbon footprint  
≥12 licence for AIR & MART  
Longer in use expiry options convenient for AIR

**Formoterol/beclomethasone MDI & DPI**  
Off label for AIR and moderate MART. Offer a spacer. Areochambers are compatible

**MART max daily doses**  
**Formoterol/budesonide DPI**  
Normally not more than 8 doses a day. Max 12 doses a day for limited period.  
Seek medical attention  
**Bibecfo & Luforbec MDI.**  
8 doses in 24 hrs

**≥ 5 doses in 24 hrs = High dose ICS.**  
5 doses in 24 hours = 150 doses per month > 1 inhaler  
8 doses in 24 hours = 240 doses per month = 2 inhalers

**Asthma attack using SIT** [Advice for patients](#). 'If you feel worse at any point OR you do not feel better after six doses call 999 for an ambulance. If needed repeat after 10 minutes & call 999 again.'

People using SIT do not normally need a SABA. Only prescribe a SABA with SIT if advised by specialist. [Document advice in patient self-management plan.](#) [CNS advice for HCPs](#)



# Uncontrolled Asthma on Moderate MART

Check: [self-management plan](#), symptoms, exacerbations, inhaler technique, adherence, how many inhalers used (too few/ many), vaccines offered, smoking & pollution.  
Consider [Allergy treatment](#). Advise : If treatment becomes less effective or symptoms deteriorate – seek medical attention.

If asthma uncontrolled despite good adherence and inhaler technique check blood eosinophil count and FeNO level (if available)

If blood eosinophils<sup>†</sup> raised despite good adherence (at least 75% of expected inhalers collected)

Refer to Secondary Care

## REFERRAL CRITERIA:

- FeNO / eosinophil raised<sup>†</sup>  
or
- asthma still uncontrolled despite trials of Montelukast and Tiotropium  
or
- ≥ 2 courses of oral steroids in previous 12 months

If blood eosinophils<sup>†</sup> are **NOT** raised or patient is awaiting Secondary Care appt:

Moderate MART with 12- week trial of:

**Either**

**Montelukast** ([MHRA warning](#))

- 12-14 years 5mg OD
- >15 years 10mg OD

**Or**

**Tiotropium** ([only for CrCl >49ml/min, see other cautions](#))

- Spiriva Respimat 2 doses OD
- Tiogiva 1 dose OD  
(unlicensed)



**After 12-week trial:**

- If asthma controlled, continue treatment
- or
- If improved but inadequate, continue treatment & start trial of alternative.
- or
- If not improved, **STOP** treatment and start trial of alternative

If uncontrolled

<sup>†</sup> above upper limit of normal for local lab