Nottinghamshire Adult Asthma Treatment Summary

Regular Preventer LOW dose ICS



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® ® Luforbec 100/6 MART Fostair® Nexthaler 100/6 160/4.5 MART (£21.50/ (£13.98/ device) MDI MART £29.32/ device DPI device) DPI 1 dose BD and 1 Dose 1 dose BD and 1 Dose 1 dose BD and 1 Dose PRN PRN 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 lor



- Luforbec @100/6 MDI +/- Spacer 1 puff BD (£6.99/30 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

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Additional Add-on Therapy Amb2



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

On Specialist advice only

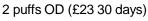


Trimbow ® 87/5/9, 172/5/9 2 puffs BD (£44.50/30 days)





Spiriva ® Respimat (Tiotropium) 2.5mcg per inhalation





HIGH DOSE ICS/LABA combination inhaler

Step down once asthma control is achieved

Specialist Therapies



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 beta, agonist, LABA: long acting beta agonist, MDI: metered dose inhaler, DPI: dry powder inhaler. BDP: beclometasone dipropionate.

Costs from Drug tariff and Rightbreathe, Nov 2023

Last Updated Nov 2023, Review: Feb 2025 V2.1



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Based on <u>BTS/ SIGN guidelines 2019</u> and <u>NICE NG80: Asthma: diagnosis, monitoring and chronic asthma</u> management

Guidance notes

- 1. All patients should have a written self-management plan- see APC website
- 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 <u>carbon footprint</u>—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. <u>Assessment of control</u> 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.
- 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.



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Table of Inhaled Corticosteroid Potencies (from BTS guidance)

| 100 | Dose | | |
|--|---|---|---|
| ICS | Low dose | Medium dose | High dose |
| Beclometasone dipropionate | | | |
| Clenil Modulite pMDI | 100 micrograms two puffs twice a day | 200 micrograms two puffs twice a day | 250 micrograms two puffs twice a day 250 micrograms four puffs twice a day |
| Kelhale pMDI (extrafine) | 50 micrograms two puffs twice a day | 100 micrograms two puffs twice a day | 100 micrograms four puffs twice a day |
| Qvar pMDI (extrafine) Qvar Easi-Breathe (extrafine) | 50 micrograms two puffs twice a day | 100 micrograms two puffs twice a day | 100 micrograms four puffs twice a day |
| Beclometasone Easyhaler | 200 micrograms one puff twice a day | 200 micrograms two puffs twice a day | 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 |
| Budesonide | | | |
| Pulmicort Turbohaler | 100 micrograms two puffs twice a day 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 one puff twice a day | 200/6 two puffs twice a day 400/12 one puff 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 | 125 micrograms two puffs twice a day | 250 micrograms two puffs twice a day |
| Flixotide Accuhaler | 100 micrograms one puff twice a day | 250 micrograms one puff twice a day | 500 micrograms one puff twice a 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) Fluticasone furoate | 100/50 one puff twice a day | 250/50 one puff twice a day | 500/50 one puff twice a day |
| Relvar Ellipta | n/a | 92/22 one puff once a | 184/22 one puff once a day |
| (Fluticasone furoate and vilanterol) | | day | , |