Asthma Prescribing Guideline: 
Adults over 18 years

Key principles:

- Patients should start treatment at the step most appropriate to initial severity of their asthma
- Warn patients to monitor symptoms and return to clinic if no improvement
- Check concordance and reconsider diagnosis if response to treatment is unexpectedly poor
- Remind patients to return to clinic if symptoms return after stepping down
- Remember: airway hyperactivity can take up to 18 months to resolve
- Ensure patient has a self management plan

Rhinitis is a risk factor for the development and increasing severity of asthma. Consider asthma in all patients with rhinitis. Treat both conditions together.
### Inhaler device options - a cost comparator

|-------------------|-------------|-------------|-------------|---------------|---------------|

#### Step 1
- **Easi-Breathe®** (beclometasone), 100mcg/dose
- **Accuhaler®** (beclometasone), 100mcg/dose
- **NexThaler®** (beclometasone), 100mcg/dose
- **Modulite®** (budesonide), 100mcg/dose
- **AirFlusal®** (budesonide, 2.5mcg/dose. 2 doses OD)

#### Step 2
- **Formoterol fumarate**, 200mcg/dose
- **Relvar®** (beclometasone, formoterol fumarate), 200mcg/dose
- **Fostair®** (beclometasone, formoterol fumarate), 200mcg/dose
- **Qvar®** (beclometasone, 500mcg/dose, 2 doses BD)
- **Easi-Breathe®** (beclometasone), 500mcg, 25mcg/dose

#### Step 3
- **Flixotide®** (fluticasone propionate), 200mcg/dose
- **Pulmicort®** (budesonide, 200mcg/dose
- **Seretide®** (fluticasone propionate, salmeterol), 500mcg, 50mcg/dose

#### Step 4
- **Relvar®** (beclometasone, formoterol fumarate), 500mcg, 25mcg/dose
- **Fostair®** (beclometasone, formoterol fumarate), 100mcg/dose
- **Qvar®** (beclometasone, 200mcg/dose, 2 doses BD)

#### Step 5
- **NexThaler®** (beclometasone, formoterol fumarate), 200mcg, 6mcg/dose
- **Fostair®** (beclometasone, formoterol fumarate), 100mcg, 100mcg, 2 doses BD
- **Qvar®** (beclometasone, 500mcg, 25mcg/dose

### Prescribers need to consider the BDP equivalence of each inhaler before switching devices.

**Keep device changes to a minimum.**

### ICS equivalence to beclometasone dipropionate (BDP)

- **400mcg beclometasone dipropionate**
  - **200mcg formoterol fumarate**
  - **184mcg tiotropium**, solution for inhalation, 2.5mcg/dose. 2 doses OD
  - **AirFlusal®** (budesonide, 2.5mcg/dose. 2 doses OD)

- **300mcg budesonide**, 300mcg, 22mcg/dose
- **250mcg budesonide**, 250mcg, 11mcg/dose

Before initiating a new drug therapy or stepping up, prescribers should check:
- Compliance with existing therapy
- Inhaler technique
- Trigger factors
- After stepping up it is recommended to review patients in 8 weeks.

### Stepping DOWN
- Complete control needs to be achieved for 12 weeks before stepping down.
- **ICS/LABA** - stop down to the lowest dose of combination inhaler and then from a combination inhaler to a single agent ICS.
- **ICS** - reduce ICS by 25-50%.
- After stopping down review in 12 weeks: step patient up again if symptomatic during this period.
- Stepping down before 12 weeks of control can lead to exacerbations and hospital admissions.

### Specialist Care
- **Relvar®** (beclometasone, formoterol fumarate), 200mcg, 6mcg/dose
- **Qvar®** (beclometasone, formoterol fumarate), 100mcg, 100mcg, 2 doses BD
- **Fostair®** (beclometasone, formoterol fumarate), 100mcg, 100mcg, 2 doses BD
- **Qvar®** (beclometasone, 500mcg, 25mcg/dose

Specialist care may be recommended if:
- Control of symptoms is poor.
- Adverse events occur.
- Multiple medications are used.
- Hospital admissions occur.
- Referral for specialist care should be considered.

### Stepping UP
- Review patients with problems.
- Consider change in therapy.

Specialist care may be recommended if:
- Control of symptoms is poor.
- Adverse events occur.
- Multiple medications are used.
- Hospital admissions occur.
- Referral for specialist care should be considered.

**ICS** BDP/day: from 125mcg to 500mcg BDP/day to maximum 400mcg BDP/day for ICS/LABA.

**ICS** BDP/day: from 125mcg to 400mcg BDP/day for ICS.

**ICS/LABA** - refer patient for specialist care.

**ICS** BDP/day: from 125mcg to 500mcg BDP/day for ICS/LABA.

**ICS** BDP/day: from 125mcg to 400mcg BDP/day for ICS.

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