

CCG SUMMARY OF ADULT ASTHMA PRESCRIBING GUIDELINES AND RECOMMENDED MEDICINES (A QUICK REFERENCE GUIDE)

- *Dose of ICS should be titrated to the lowest effective dose to reduce the risk of systemic side effects.
- *If a CCG recommended inhaler is unsuitable for a patient, see overleaf for other options.
- *Stepping down should be considered every 12 weeks, ensuring good control before reducing ICS by 25-50% each time.
- *The use of more than 1 inhaler of SABA per month has a dangerous prognosis.
- *Regular use of preventer inhaler with good technique is crucial.
- *All inhalers should be prescribed by brand

Follow STEPS 1-5 below:

Inhaled short acting β_2 -agonist

- Salbutamol MDI
- Salbutamol DPI Easyhaler®

Add ICS 200-800mcgBDP daily

Step down dose when controlled.

- Clenil ®(BDP) MDI
- Beclometasone Easyhaler® DPI

Add LABA

use in combination inhalers with ICS

- Beclometasone /Formoterol MDI /DPI preferred choice Fostair
- Budesonide/Formoterol DPI preferred choice DuoResp Spiromax

Increase ICS up to max 2000mcg BDP per day

- Beclometasone /Formoterol MDI preferred choice Fostair
- Beclometasone/Formoterol DPI preferred choice Fostair
- Budesonide/Formoterol DPI preferred choice DuoResp Spiromax

Add-

- Theophylline SR (SloPhyllin SR®) –*can be opened into food/drink*

- Montelukast (Relvar 182/22 –is also an option)

Specialist referral should be considered before step 5.

PLEASE NOTE

▲ FOSTAIR 200/6mcg & 100/6mcg contain Beclometasone 100 mcg extra fine which is equipotent to 250mcg BDP =100mcg Fluticasone. FOSTAIR 100/6 and 200/6mg contain extrafine BDP.

▲ One dose of Fluticasone fuorate 92mcg Relvar®) daily is approx. equivalent to Fluticasone prop Flutiform®/Seretide® 250mcg TWICE daily

▲ Relvar 92mcg/22 can be used at top of step 3 but step-down within brand not feasible.

▲ Spiriva Respimat® (Tiotropium) is only indicated as an add-on treatment in severe asthma with fixed airways obstruction (step 4). If no response stop. More evidence is needed for its use.

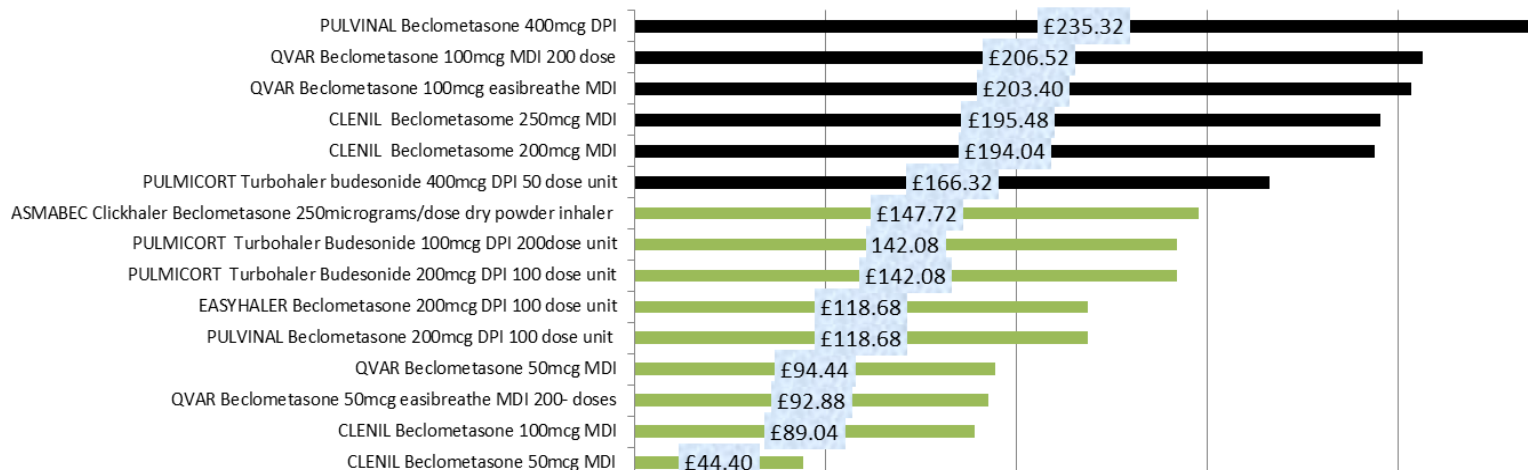
- Use daily steroid tablet in lowest dose providing adequate control

- Maintain High Dose ICS daily. Consider other treatments to minimise the use of steroid tablets where possible

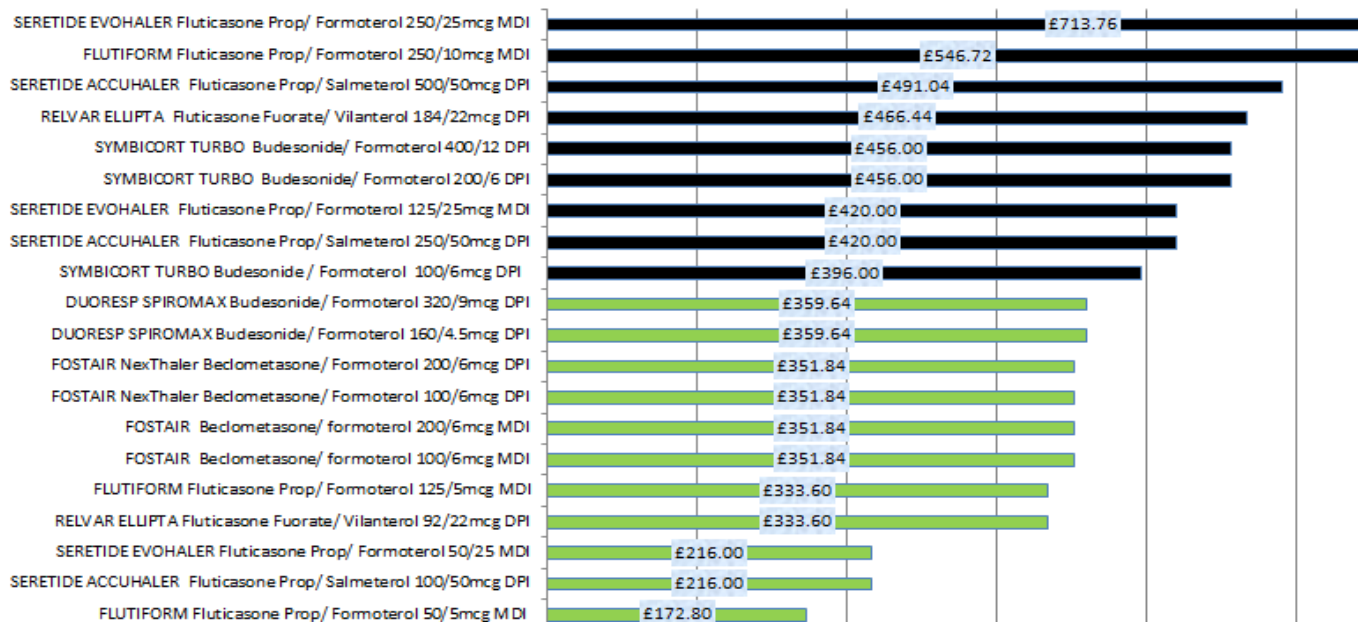
Hospital specialist to advise.

The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources" (NHS Constitution 2015). Prescribers have a duty to prescribe cost effective options.

INHALED CORTICOSTEROIDS



COMBINED INHALED CORTICOSTEROIDS



SHORT ACTING BETA -AGONISTS

