

SELECTING & ADJUSTING ASTHMA MEDICATION FOR ADULTS & ADOLESCENTS

Refer to specialist

Consider referral
Consider add-on treatments,
e.g. LAMA

Monitor and adjust to maintain good symptom control and minimise risks at lowest effective ICS dose

Consider starting at levels 3 or 4 for new patient with frequent or uncontrolled symptoms (check PBS criteria)

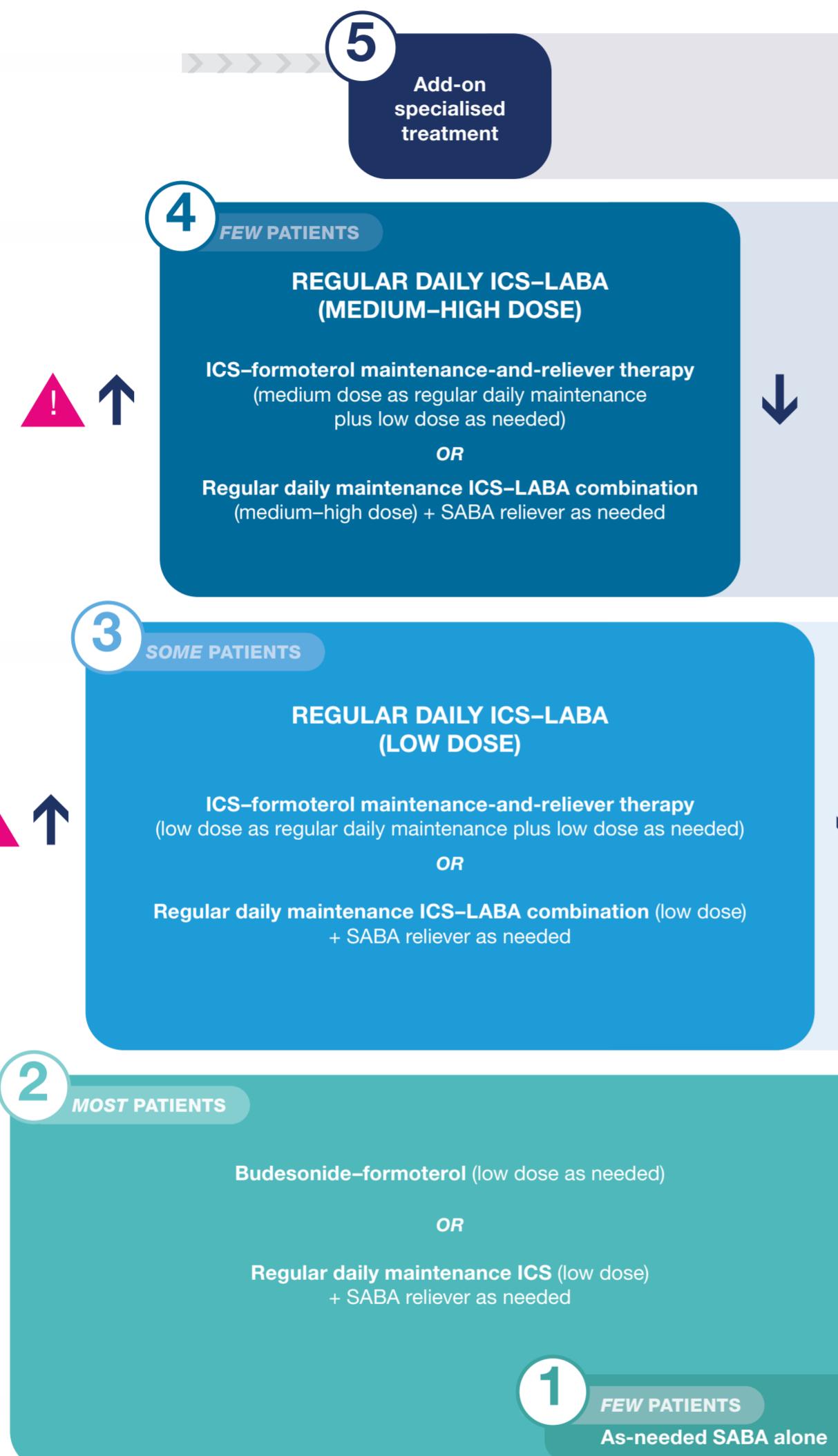
Monitor and adjust to maintain good symptom control and minimise risks at lowest effective ICS dose

Monitor and adjust to maintain good symptom control and minimise risks

Level 2 is suitable starting treatment for most new patients

Consider only if symptoms less than twice a month and no risk factors for flare-ups

Monitor SABA use.
Continually reassess need for preventer



MEDICINES AND STRENGTHS THAT CAN BE USED AT EACH TREATMENT LEVEL

– See product information for the number of doses that should be prescribed for different treatment steps.

Add-on specialised treatments
(see asthmahandbook.org.au)

benralizumab
Fasenra
dupilumab
Dupixent

mepolizumab
Nucala
omalizumab
Xolair

ICS-formoterol maintenance-and-reliever therapy³ (medium dose as regular daily maintenance plus low dose as needed)

budesonide-formoterol pMDI
Rilast Rapihaler 100/3
Symbicort Rapihaler 100/3

budesonide-formoterol DPI
Bufomix Easyhaler 200/6, DuoResp Spiromax 200/6, Rilast Turbuhaler 200/6, Symbicort Turbuhaler 200/6

Regular daily maintenance ICS-LABA combination (medium-high dose) [+ SABA reliever as needed]

beclometasone-formoterol
(beclometasone more than 200 microg/day) pMDI
Fostair 100/6, 200/6

budesonide-formoterol (budesonide more than 400 microg/day) pMDI
Rilast Rapihaler 100/3, 200/6
Symbicort Rapihaler 100/3, 200/6

fluticasone propionate-formoterol
(fluticasone propionate more than 200 microg/day) pMDI
Flutiform 125/5, 250/10

fluticasone propionate-salmeterol
(fluticasone propionate more than 200 microg/day) DPI
Fluticasone Salmeterol Ciphaler, Pavlide Accuhaler, Salflumix Easyhaler, SalplusF DPI, Seretide Accuhaler

budesonide-formoterol (budesonide more than 400 microg/day) DPI
Bufomix Easyhaler, DuoResp Spiromax, Rilast Turbuhaler, Symbicort Turbuhaler

fluticasone furoate-vilanterol
(fluticasone furoate 100-200 microg/day) DPI
Breo Ellipta 100/25, 200/25

fluticasone propionate-salmeterol
(fluticasone propionate more than 200 microg/day) pMDI
Evocair MDI, Fluticasone + Salmeterol Cipla, Pavlide, SalplusF, Seretide

fluticasone propionate-salmeterol
(fluticasone propionate more than 200 microg/day) DPI
Fluticasone Salmeterol Ciphaler, Pavlide Accuhaler, Salflumix Easyhaler, SalplusF DPI, Seretide Accuhaler

ICS-formoterol maintenance-and-reliever therapy² (low dose as regular daily maintenance plus low dose as needed)

beclometasone-formoterol pMDI
Fostair 100/6

budesonide-formoterol DPI
Bufomix Easyhaler 200/6
DuoResp Spiromax 200/6
Rilast Turbuhaler 200/6
Symbicort Turbuhaler 100/6, 200/6

budesonide-formoterol pMDI
Rilast Rapihaler 100/3
Symbicort Rapihaler 100/3

Regular daily maintenance ICS-LABA combination (low dose) [+ SABA reliever as needed]

beclometasone-formoterol
(beclometasone up to 200 microg/day) pMDI
Fostair 100/6

budesonide-formoterol (budesonide up to 400 microg/day) pMDI
Rilast Rapihaler 100/3
Symbicort Rapihaler 100/3

fluticasone propionate-formoterol
(fluticasone up to 200 microg/day) pMDI
Flutiform 50/5

fluticasone propionate-salmeterol
(fluticasone up to 200 microg/day) pMDI
Fluticasone Salmeterol Ciphaler, Pavlide Accuhaler, Seretide Accuhaler

budesonide-formoterol (budesonide up to 400 microg/day) DPI
Bufomix Easyhaler 200/6, DuoResp Spiromax, Rilast Turbuhaler, Symbicort Turbuhaler

fluticasone propionate-salmeterol
(fluticasone up to 200 microg/day) pMDI
Evocair MDI, Fluticasone + Salmeterol Cipla, Pavlide, SalplusF, Seretide

fluticasone propionate-salmeterol
(fluticasone up to 200 microg/day) DPI
Fluticasone Salmeterol Ciphaler, Pavlide Accuhaler, Salflumix Easyhaler, SalplusF DPI, Seretide Accuhaler

Budesonide-formoterol anti-inflammatory reliever therapy¹ (low dose as needed)

budesonide 200 microg-formoterol 6 microg DPI
Bufomix Easyhaler 200/6, DuoResp Spiromax 200/6, Rilast Turbuhaler 200/6, Symbicort Turbuhaler 200/6

budesonide 100 microg-formoterol 3 microg via pMDI
Rilast Rapihaler 100/3, Symbicort Rapihaler 100/3

Regular daily maintenance ICS (low dose) [+ SABA reliever as needed]

beclometasone dipropionate
100-200 microg/day pMDI
Qvar Autohaler, Qvar Inhaler

budesonide 200-400 microg/day DPI
Pulmicort Turbuhaler
ciclesonide 80-160 microg/day pMDI
Alvesco

fluticasone propionate 100-200 microg/day pMDI
Axotide, Flixotide, Fluticasone Cipla
fluticasone propionate 100-200 microg/day DPI
Axotide Accuhaler, Flixotide Accuhaler

salbutamol pMDI
Asmol, Ventolin, Zempreon pMDI
Airomir Autohaler

terbutaline DPI
Bricanyl Turbuhaler

LEGEND

ICS inhaled corticosteroid
LABA long-acting beta₂ agonist
SABA short-acting beta₂ agonist
LAMA long-acting muscarinic antagonist
pMDI pressurised metered-dose inhaler
DPI dry powder inhaler

Consider stepping up if good control is not achieved despite good adherence and correct inhaler technique.

When asthma is stable and well controlled for 2-3 months, consider stepping down

Before you consider stepping up, check that:
• symptoms are due to asthma
• inhaler technique is correct
• adherence is adequate.

FOOTNOTES

¹ Only the listed strengths of budesonide-formoterol can be used in Level 2

² Only the listed strengths can be used for maintenance-and-reliever therapy

³ Only the listed strengths can be used for maintenance-and-reliever therapy

This chart was developed independently by the National Asthma Council Australia with support from GlaxoSmithKline (GSK Australia), and Orion Pharma.

nationalasthmacouncil.org.au

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ALL PATIENTS

Assess individual risk factors and comorbidity
Advise patients to carry their reliever inhaler (SABA or ICS-formoterol) with them at all times
Provide education
Provide a personalised written asthma action plan
Provide information on non-pharmacological factors that influence asthma
Ask about patient's goals, preferences and concerns and involve patient in making treatment decisions