



New Option for Asthma Control from 2020 Focused Update to National Asthma Education and Prevention Program Guidelines

In individuals ages 4 years and older with moderate to severe persistent asthma, the Expert Panel recommends ICS/formoterol in a single inhaler used as both daily controller and reliever therapy compared to either a higher-dose ICS as daily controller therapy and SABA for quick-relief therapy or the same-dose ICS-LABA as daily controller therapy and SABA for quick-relief therapy. Strong recommendation, high certainty of evidence for ages 12 years and older, moderate certainty of evidence for ages 4–11 year.

BUT: Single maintenance and reliever therapy might not be necessary for individuals whose asthma is well controlled on alternate treatments. Single maintenance and reliever therapy is appropriate for Step 3 (low-dose ICS) and Step 4 (medium-dose ICS) treatment.

What is Single maintenance and reliever therapy?

Single maintenance and reliever therapy is when ONE inhaled corticosteroid (ICS)/formoterol inhaler is used for both everyday asthma control and for quick relief of asthma symptoms.

What are the benefits of ICS/formoterol as Single maintenance and reliever inhaler?

A bronchodilator (such as albuterol) simply provides a few hours of symptom relief. An inhaled corticosteroid medication helps to block the inflammation. Starting or escalating to an inhaled corticosteroid/formoterol inhaler when asthma symptoms start has two benefits:

- Relieves symptoms
- Helps to prevent progression of the inflammation of the airways
- Helps to keep small asthma problems from becoming big asthma attacks

What medications can be used for Single maintenance and reliever therapy?

At this time, only mometasone/formoterol (Dulera) and budesonide/formoterol (Symbicort) can be used as Single maintenance and reliever.

For children 5-11 years, the maximum daily maintenance + reliever dose is **8 puffs** (2 puffs up to 4 times a day)

For persons 12 years and over, the maximum daily maintenance + reliever dose is **12 puffs** (2 puffs up to 6 times a day)

Note: Formoterol is a full beta-2 agonist, Salmeterol is a partial beta-2 agonist. Fluticasone/salmeterol (Advair, AirDUo) CANNOT be used as Single maintenance and reliever.

Does my patient still need albuterol if on Controller + Reliever therapy?

An albuterol inhaler may still be needed for pre-treatment before exercise to prevent exercise-induced asthma, and for moderate to severe asthma exacerbations where adequate symptom relief is not obtained from the maximum dose of ICS/formoterol. Patients with a moderate to severe asthma exacerbation generally also need medical attention and a short course of an oral corticosteroid.

How would an asthma action plan be constructed for a patient on Controller + Reliever therapy?

An asthma action plan for Controller + Reliever therapy for ICS/formoterol might read as:

Green Zone

Everyday control medication: (Symbicort or Dulera) (strength), take (1 or 2 puffs) twice a day every day. Use via spacer, rinse mouth after use.

Before exercise if needed: Albuterol 2 puffs via spacer.

Yellow Zone*

Control + Relief medication: (Symbicort or Dulera) (strength), take 2 puffs up to 4 times a day as needed via spacer for relief of asthma symptoms.

Red Zone

Quick-relief medication: Albuterol 4 to 6 puffs every 2 to 4 hours as needed.

SEEK MEDICAL ATTENTION PROMPTLY (1 to 5 days of an oral steroid may be needed).

Continue everyday control medication.

*Note that albuterol is replaced by ICS/formoterol in the yellow zone. For individuals 12 years and over, the maximum ICS/formoterol dose is 2 puffs 6 times a day.

What if the patient requires a refill of his/her Controller + Reliever before the end of the month?

Be sure that the prescription reads that the medication is to be used as controller plus reliever. Indicate the as-needed reliever dose on the prescription in addition to the daily maintenance dose.