

Asthma prescribing guidelines for people aged 12 years and over

- [Asthma: diagnosis, monitoring and chronic asthma management \(BTS, SIGN, NICE NG245\)](#)
- [Asthma pathway \(BTS, SIGN, NICE NG244\)](#)
- [Inhaled corticosteroid doses for the BTS, NICE and SIGN asthma guideline](#)

ICS dosages for people aged 12 years and over

ICS	Low dose	Moderate dose
Budesonide	200 to 400 micrograms per day (in 1 or 2 doses)	600 to 800 micrograms per day (in 1 or 2 doses)
Beclometasone DPI	200 to 500 micrograms per day in 2 divided doses	600 to 800 micrograms per day in 2 divided doses
Beclometasone extrafine pMDI	100 to 200 micrograms per day in 2 divided doses	300 to 400 micrograms per day in 2 divided doses

- MHRA drug safety update 19 September 2019 – [Montelukast \(Singulair\): reminder of the risk of neuropsychiatric reactions](#)
- The [NICE patient decision aid](#) can help people aged 12 and over with asthma and their healthcare professionals discuss their options for inhaler devices, which includes consideration of the carbon footprint of the inhaler.
- The [asthma control test \(ACT\)](#) is a validated symptom measure which can be used with or without peak flow monitoring to aid diagnosis and assess the impact of asthma symptoms on patients' lives. An ACT score of 20 to 25 defines asthma as well controlled, 15 to 19 poorly controlled and below 15 very poorly controlled. Templates are available on GP systems. An increase in ACT score of 3 or more is clinically meaningful and can help evaluate the benefit of interventions.

- [Asthma + Lung UK](#) provides advice for both patients and healthcare professionals. Free, downloadable versions of asthma action plans are available to complete during consultations and print or share electronically with patients:
 - [AIR action plan](#) (guidance and notes for HCPs [here](#))
 - [MART action plan](#) for adults and children over 12 years (guidance and notes for HCPs [here](#))
- The [NHS UK website: asthma](#) offers advice and information for patients with asthma.
- [RightBreathe](#) contains information on almost all inhalers on the market including licensing, dose ranges, spacer compatibility and videos demonstrating correct technique for each device.
- The [In-Check DIAL device](#) simulates the resistance of a variety of inhaler types and is a useful tool for assessing inspiratory flow rate and refining technique

These guidelines have been developed with input from Chris Burgin, pharmaceutical advisor, NHS Cornwall and Isles of Scilly integrated care board (CloS ICB), Stacie Tregonning and Amanda Fidelis, senior clinical pharmacists, CloS ICB, Susheela Banerji, specialist doctor, respiratory medicine, Royal Cornwall Hospital Trillick (RCHT), Bethany Doherty, lead asthma & COPD specialist nurse, RCHT, Rachel Williams, consultant respiratory practitioner, Cornwall Partnership NHS Foundation Trust and the asthma guidelines working group

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Algorithm C: Pharmacological management of asthma in people aged 12 years and over

BTS, NICE and SIGN guideline on asthma

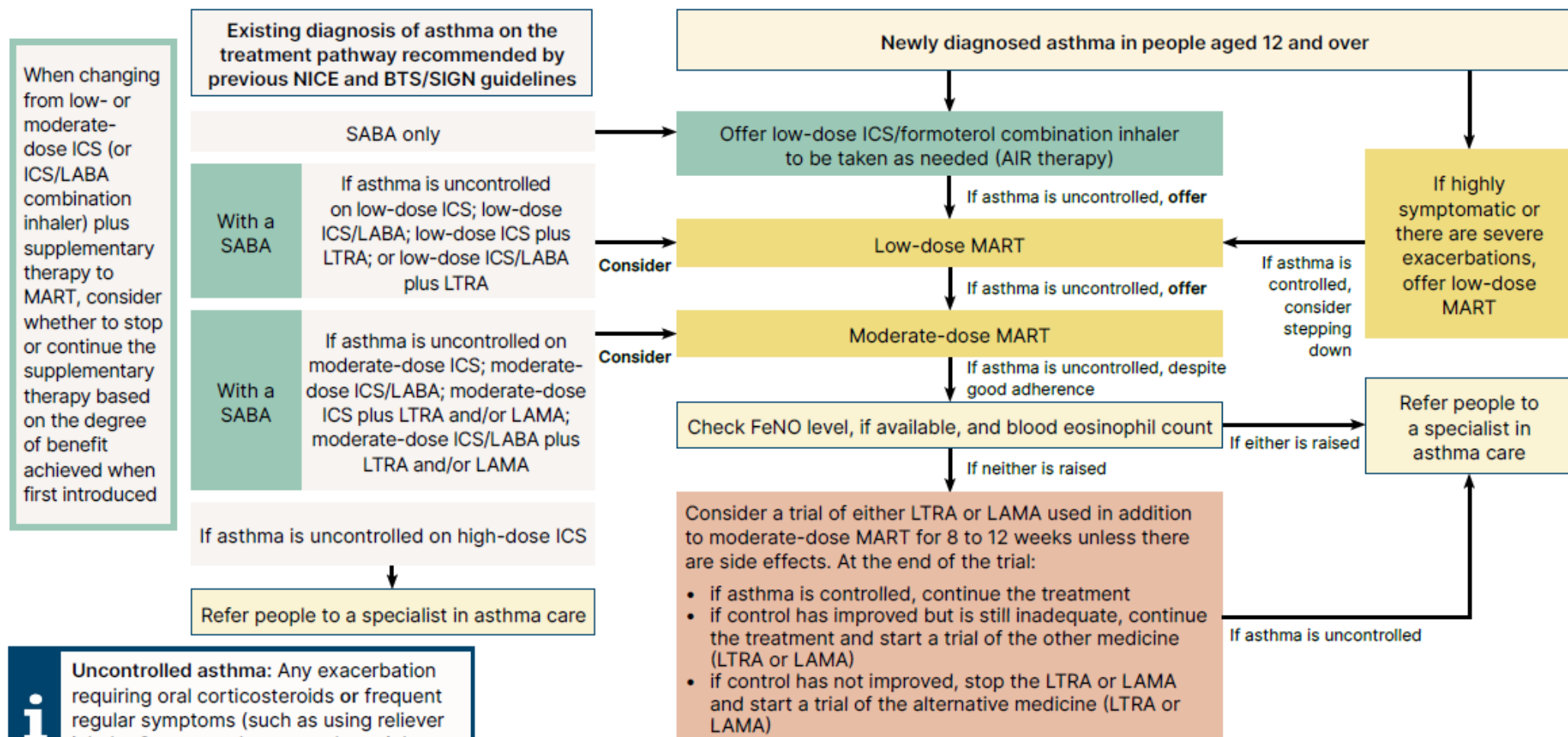
Take into account and try to address the possible reasons for uncontrolled asthma before starting or adjusting medicines for asthma.

For example: alternative diagnoses or comorbidities; suboptimal adherence; suboptimal inhaler technique; active or passive smoking (including e-cigarettes); psychosocial factors; seasonal factors; environmental factors (such as air pollution and indoor mould exposure)

Symptom relief

MART

Maintenance therapy



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Uncontrolled asthma: Any exacerbation requiring oral corticosteroids or frequent regular symptoms (such as using reliever inhaler 3 or more days a week or night-time waking 1 or more times a week)

ICS, inhaled corticosteroid; LABA, long-acting beta₂ agonist; LAMA, long-acting muscarinic receptor antagonist; LTRA, leukotriene receptor antagonist; MART, maintenance and reliever therapy (using ICS/formoterol combination inhalers); SABA, short-acting beta₂ agonist.



British
Thoracic
Society

NICE

National Institute for
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SIGN

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Fundamentals of asthma care

- Assess asthma control with a validated measure such as the asthma control test
- Assess adherence, reliever use and number of exacerbations
- Check inhaler technique and correct errors or change device as appropriate
- Identify and manage co-morbidities, for example rhinitis, GORD, anxiety or obesity
- Ensure every patient has an asthma action plan and knows how to implement it
- Ask about smoking - offer treatment and support to stop smoking
- Ensure every patient has a GP or nurse review within 48 hours of an exacerbation or hospital admission

Choice of inhaler

The best inhaler for a patient is the one they can and will use

- Match the device type to the patient's inspiratory flow rate
- If the patient can inhale quickly and deeply, prescribe a DPI
- If not, issue a pMDI to be used with a spacer; all pMDIs listed in this guidance are licensed for use with the Aerochamber range
 - Issue a replacement spacer every 6 to 12 months
- Observe patient inhaling and use placebos, whistle or In-Check device to assess
- Inhalers in each section are formulary choices listed in order of preference considering carbon footprint and acquisition cost
- Always prescribe by brand
- Clicking on inhalers in the lists below will take you to the RightBreathe page including a video showing correct technique

Low-dose ICS plus formoterol combination inhaler to be taken as needed (AIR therapy)

Budesonide & formoterol devices, licensed for 12 years and over

Fobumix 160/4.5 Easyhaler	1 puff as needed
DuoResp 160/4.5 Spiromax	Maximum 6 on any one occasion,
Symbicort 200/6 Turbohaler	8 per day (12 for a limited period)

Low dose maintenance and reliever therapy (MART)

Budesonide & formoterol devices, licensed for 12 years plus

Fobumix 80/4.5 Easyhaler	1 puff twice daily or 2 puffs once daily, PLUS 1 as needed Maximum 8 per day (12 for a limited period)
Fobumix 160/4.5 Easyhaler	
DuoResp 160/4.5 Spiromax	
Symbicort 100/6 Turbohaler	
Symbicort 200/6 Turbohaler	2 puffs twice daily or 4 puffs once daily, PLUS 2 as needed Maximum 16 per day (24 for a limited period)
Symbicort 100/3 pMDI	

Beclometasone & formoterol devices, licensed for 18 years plus

Fostair 100/6 NEXThaler	1 puff twice daily PLUS 1 as needed Maximum 8 per day
Luforbec 100/6 pMDI	
Fostair 100/6 pMDI	

Moderate dose maintenance and reliever therapy MART

Budesonide & formoterol devices, licensed for 12 years plus

Fobumix 160/4.5 Easyhaler	2 puffs twice daily, PLUS 1 as needed Maximum 8 per day (12 for a limited period)
DuoResp 160/4.5 Spiromax	
Symbicort 200/6 Turbohaler	
Symbicort 100/3 pMDI	4 puffs twice daily, PLUS 2 as needed Maximum 16 per day (24 for a limited period)

Maintenance therapy

If referring a patient with asthma not controlled by moderate MART and raised FeNO and/or eosinophils to secondary care, consider a trial of LAMA or LTRA whilst the patient waits to be seen

LAMA (tiotropium), licensed for 6 years plus

Spiriva Respimat	2 puffs once daily
Prescribe refills where possible; issue a new device every 6 months	

LTRA

Montelukast	12 to 14 years: 5mg tablet once daily 15+ years: 10mg once daily
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