Key principles:

- The BTS/SIGN guidance on the stepwise management of asthma should be used to treat patients at the step most appropriate to the initial severity of their asthma.
- When reviewing asthma therapy, compliance, inhaler technique and trigger factors should be checked by practitioners.
- Inhaled corticosteroids (ICS) are safe and effective for most patients with asthma, although the risk of systemic side effects is greater when higher doses are used. The dose of ICS should be titrated to the lowest dose at which effective asthma control is maintained.
- If asthma is controlled with a combination ICS/long-acting beta2 agonist (LABA) inhaler, the preferred approach is to reduce the ICS by approximately 25-50% whilst continuing the LABA at the same dose.
- The decision to use a combination device or the two agents in separate devices should be made on an individual basis, taking into consideration therapeutic need and the likelihood of treatment adherence.
- If control is maintained after stepping-down, further reductions in the ICS should be attempted until a low dose is reached, when the LABA may be stopped.
- Appendix 1 contains a copy of the Asthma UK patient self-management plan which should be completed for all patients with asthma. Click here to obtain an editable electronic copy of the Asthma UK patient self-management plan (link).

**Table 1: LEVELS OF ASTHMA CONTROL**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Completely Controlled</th>
<th>Partly Controlled</th>
<th>Uncontrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daytime symptoms</td>
<td>None (twice or less/week)</td>
<td>&gt;Twice/week</td>
<td></td>
</tr>
<tr>
<td>Limitation on activities</td>
<td>None</td>
<td>Any</td>
<td></td>
</tr>
<tr>
<td>Nocturnal symptoms/awakening</td>
<td>None</td>
<td>Any</td>
<td></td>
</tr>
<tr>
<td>Need for reliever/rescue treatment</td>
<td>None (twice or less/week)</td>
<td>&gt;Twice/week</td>
<td></td>
</tr>
<tr>
<td>Lung function (PEF or FEV₁)</td>
<td>Normal</td>
<td>&lt;80% predicted or personal best (if known)</td>
<td></td>
</tr>
</tbody>
</table>
BTS/SIGN Summary of stepwise asthma management in adults\(^1\) (reproduced)

Patients should start treatment at the step most appropriate to the initial severity of their asthma. Check concordance and reconsider diagnosis if response to treatment is unexpectedly poor.

**Move up to improve control as needed**

**Move down to find and maintain lowest controlling step**

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Mild intermittent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 2</td>
<td>Initial add-on therapy</td>
</tr>
<tr>
<td>Inhaled short-acting $\beta_2$ agonist as required</td>
<td></td>
</tr>
<tr>
<td>Add inhaled steroid 200-800mcg/day*</td>
<td></td>
</tr>
<tr>
<td>400mcg is an appropriate starting dose for many patients</td>
<td></td>
</tr>
<tr>
<td>Start at dose of inhaled steroid appropriate to severity of disease</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 2</th>
<th>Initial add-on therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Add inhaled long-acting $\beta_2$ agonist (LABA)</td>
<td></td>
</tr>
<tr>
<td>2. Assess control of asthma:</td>
<td></td>
</tr>
<tr>
<td>• Good response to LABA - continue LABA</td>
<td></td>
</tr>
<tr>
<td>• Benefit from LABA but control still inadequate</td>
<td></td>
</tr>
<tr>
<td>- continue LABA and increase inhaled steroid dose to 800 mcg/day* (if not already on this dose)</td>
<td></td>
</tr>
<tr>
<td>• No response to LABA</td>
<td></td>
</tr>
<tr>
<td>- stop LABA and increase inhaled steroid to 800 mcg/day*. If control still inadequate, institute trial of other therapies, leukotriene receptor antagonist or SR theophylline</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 3</th>
<th>Persistent poor control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 4</td>
<td>Continuous or frequent use of oral steroids</td>
</tr>
<tr>
<td>Use daily steroid tablet in lowest dose providing adequate control</td>
<td></td>
</tr>
<tr>
<td>Maintain high dose inhaled steroid at 2000 mcg/day*</td>
<td></td>
</tr>
<tr>
<td>Consider other treatments to minimise the use of steroid tablets</td>
<td></td>
</tr>
<tr>
<td>Refer patient for specialist care</td>
<td></td>
</tr>
</tbody>
</table>

**Symptoms Vs Treatment**

\* BDP or equivalent
Table 2 Cost comparisons for inhalers used in asthma  
(30 day costs (without a spacer) Sept 13 Drug Tariff)

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Step 2</th>
<th>Step 3</th>
<th>Step 4</th>
<th>Step 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Most Cost-Effective</strong></td>
<td><strong>Least Cost-Effective</strong></td>
<td><strong>LABA can be added to an inhaled steroid either in a combination or as a separate device. Where a LABA is added separately</strong> <strong>Easyhaler® Formoterol (D) is 1st line</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salbutamol Inhalar (M) 100mcg 2 puffs prn <strong>£0.45</strong>  **Easyhaler® Salbutamol (D) 100mcg 2 puffs prn <strong>£0.99</strong>  Salbutamol Accuhaler (D) 200mcg 1 puff prn <strong>£1.50</strong>  Salbutamol Autohaler (B) 100mcg 2 puffs prn <strong>£1.89</strong>  Terbutaline Turbohaler (D) 500mcg 1 puff prn <strong>£2.08</strong></td>
<td><strong>400-500mcg BDP equiv./day:</strong>  **Clenil Modulite® Inhalar (M) 100mcg 2 puffs bd <strong>£4.45</strong>  **Easyhaler® Beclometasone (D) 200mcg 1 puff bd <strong>£4.48</strong>  **Qvar Easi-Breathe® (B) 50mcg 2 puffs bd <strong>£4.65</strong>  **Qvar® Inhaler (M) 50mcg 2 puffs bd <strong>£4.72</strong>  **Easyhaler® Budesonide (D) 200mcg 1 puff bd <strong>£5.31</strong>  Fluticasone 50 Evohaler® 2 puffs bd <strong>£5.44</strong>  Budesonide Turbohaler® 200mcg 1 puff bd <strong>£7.11</strong>  Fluticasone 100 Accuhaler (D) 1 puff bd <strong>£8.93</strong></td>
<td><strong>400-500mcg BDP equiv./day:</strong>  **Flutiform® 125/5 Inhaler (M) 1 puff bd <strong>£14.63</strong>  **Fostair® 100/6 Inhaler (M) 1 puff bd <strong>£14.66</strong>  **Flutiform® 50/5 Inhaler (M) 2 puffs bd <strong>£18.00</strong>  **Seretide® 100 Accuhaler (D) 1 puff bd <strong>£18.00</strong>  **Seretide® 50 Evohaler® (M) 2 puffs bd <strong>£18.00</strong>  **Symbicort® 200/6 Turbohaler® (D) 1 puff bd <strong>£19.00</strong>  **Symbicort® 100/6 Turbohaler® (D) 2 puffs bd <strong>£33.00</strong></td>
<td><strong>1000mcg BDP equiv./day:</strong>  **Flutiform® 250/10 Inhaler (M) 1 puff bd <strong>£22.78</strong>  **Flutiform® 125/5 Inhaler (M) 2 puffs bd <strong>£29.26</strong>  **Fostair® 100/6 inhaler (M) 2 puffs bd <strong>£29.32</strong>  **Seretide® 250 Accuhaler® (D) 1 puff bd <strong>£35.00</strong>  **Seretide® 125 Evihaler® (M) 2 puffs bd <strong>£35.00</strong></td>
<td><strong>2000mcg BDP equiv./day:</strong>  Seretide® 500 Accuhaler (D) 1 puff bd <strong>£40.92</strong>  Flutiform® 250/10 Inhaler (M) 2 puffs bd <strong>£45.56</strong>  Seretide® 250 Evihaler® (M) 2 puffs bd <strong>£59.48</strong></td>
</tr>
<tr>
<td><strong>(M) – Metered Dose Inhaler (Use with a suitable spacer device)</strong>  <strong>(D) – Dry Powder Inhaler;</strong>  <strong>(B) – Breath Actuated</strong> <strong>Must be prescribed by brand</strong></td>
<td><strong>Ciclesonide or mometasone may be prescribed if first-line treatments are unsuccessful. Refer to BNF for doses</strong></td>
<td></td>
<td></td>
<td><strong>Adding in daily steroid tablet and maintaining patient at 2000mcg BDP equiv./day takes patient to Step 5</strong></td>
</tr>
<tr>
<td>Maintenance and Reliever Therapy  Fostair MART® 100/6 Inhaler (M) 1 puff bd + 1 puff prn (max. 8 puffs/day) <strong>£21.99</strong>  *  Symbicort SMART® 200/6 Turbohaler (D) 1-2 puffs bd + 1 puff prn (max. 8 puffs/day) <strong>£28.50</strong>/ <strong>£47.50</strong> *</td>
<td><strong>SMART®/MART® can be considered for patients with:</strong>  * Inadequate asthma control and a frequent need for reliever medication  * Asthma exacerbations in the past requiring medical intervention  Patients must have received education on the use of the inhaler as maintenance and reliever therapy and clinicians must be confident patients understand how to use it appropriately. Patients should be advised to always have their inhaler available for rescue use. Patients requiring frequent use of rescue inhalations daily should be advised to return to the GP practice for reassessment. Practices should monitor the number of prescriptions requested and any dose-related adverse effects.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Page 3  
Approved by BHR Area Prescribing Sub-Committees Nov 13.  
Review Nov 2015
Table 3: Variations in BDP equivalence

<table>
<thead>
<tr>
<th>Inhaled Corticosteroid</th>
<th>Brand</th>
<th>Type of Inhaler</th>
<th>Dose</th>
<th>Beclometasone dipropionate (BDP) equivalent daily dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beclometasone</td>
<td>Clenil®</td>
<td>Metered dose Inhaler</td>
<td>100mcg 2 puffs twice a day</td>
<td>400mcg</td>
</tr>
<tr>
<td></td>
<td>Easyhaler®</td>
<td>Dry Powder Inhaler</td>
<td>200mcg 1 puff twice a day</td>
<td>400mcg</td>
</tr>
<tr>
<td></td>
<td>Qvar®</td>
<td>Metered dose Inhaler</td>
<td>50mcg 2 puffs twice a day</td>
<td>400mcg</td>
</tr>
<tr>
<td></td>
<td>**Fostair®</td>
<td>Metered dose Inhaler</td>
<td>100mcg 1 puff twice a day</td>
<td>500mcg</td>
</tr>
<tr>
<td>Budesonide</td>
<td>Easyhaler®</td>
<td>Dry Powder Inhaler</td>
<td>200mcg 1 puff twice a day</td>
<td>400mcg</td>
</tr>
<tr>
<td></td>
<td>Pulmicort®</td>
<td>Dry Powder Inhaler</td>
<td>200mcg 1 puff twice a day</td>
<td>400mcg</td>
</tr>
<tr>
<td></td>
<td>**Symbicort®</td>
<td>Dry Powder Inhaler</td>
<td>200mcg 1 puff twice a day</td>
<td>400mcg</td>
</tr>
<tr>
<td>Fluticasone</td>
<td>Flixotide®</td>
<td>Dry Powder Inhaler</td>
<td>100mcg 1 puff twice a day</td>
<td>400mcg</td>
</tr>
<tr>
<td></td>
<td>**Flutiform®</td>
<td>Metered dose Inhaler</td>
<td>125mcg 1 puff twice a day</td>
<td>500mcg</td>
</tr>
<tr>
<td></td>
<td>**Seretide®</td>
<td>Metered dose Inhaler</td>
<td>125mcg 1 puff twice a day</td>
<td>500mcg</td>
</tr>
</tbody>
</table>

** These products are inhaled corticosteroid and long-acting β2 agonist (LABA) combination inhalers.

NB. The dose equivalences for ciclesonide and mometasone are not well established.

References
3. NPC MeReC Bulletin 2008;Vol. 19 no.2
5. Adapted from MeReC Bulletin 2008;13(2) & BTS/SIGN Asthma Guidance 2012

Acknowledgement to Jenny Gibbs, Medicines Management Team, Bristol CCG for baseline layout.
Instructions: How to step patients down

Ascertain whether the patient has achieved complete asthma control for at least 3 months (see Table 1 on page 1).

Yes

Step the patient down
1. Using table 2 (page 3), identify the combination inhaler and dose the patient is currently being prescribed. Identify which step (2-5) this product and dose represents.
2. Consider using the most appropriate cost-effective product when stepping down patients (see table 2).
3. Refer to pages 6 to 9 when stepping down using the same combination products.
4. It may be more cost effective to change products during step down. If appropriate, prescribe the dose suitable to that step and ensure that the patient is shown how to use any potentially new device.

Note for patients at steps 4 & 5: If the patient is prescribed add-on therapies (e.g. montelukast, oral prednisolone) consider reducing/stopping these one by one before attempting to reduce.

Step the patient down again and repeat cycle

No

Do not step the patient down
1. Check inhaler technique.
2. Check exposure to trigger factors.
3. Check adherence to therapy and consider any issues which may affect compliance.

If these have been excluded, step-up therapy

Clinicians should consider:
Patients achieve complete asthma control at different rates. Clinicians should have a discussion with the patient to decide whether to trial the current therapy for longer or to step-up again.

Suggested discussion points with patient:
1. Are there any factors affecting adherence to therapy e.g. polypharmacy, social reasons or beliefs?
2. Are there any issues affecting compliance e.g. dexterity?
3. Is the patient exposed to trigger factors e.g. smoking, pets, pollen or stress?
4. Are there any lifestyle points to consider where asthma stability is crucial e.g. impending exam?
5. How long did it take the patient to achieve complete asthma control last time?
6. What would be the potential consequences of an exacerbation and does the patient know what to do if this occurs?
7. What would the patient prefer to do?
8. Ensure the patient has an up to date self-management plan.

Action:
Clinicians should use their professional judgement to decide whether to continue trialling the current therapy, or to step-up again. If continuing on the current therapy for longer, the clinician should advise the patient to monitor their symptoms and short-acting bronchodilator use, and review the patient again in 1 month. Patients should be advised to follow their self-management plan if their symptoms become problematic within this time.

Refer to a specialist if necessary.

Review the patient in 3 months

Has the patient achieved complete asthma control in the last 3 months (see Table 1)?

(•If you previously stepped the patient up to cover the hay fever season and wish to step them down again, review the patient in 1 month rather than 3 months).

No

Yes

Step the patient down again and repeat cycle
### Asthma guide for Seretide® and Fostair®

Note: all doses are for asthma maintenance therapy, **not** asthma maintenance and reliever therapy (e.g. not the MART® regime)

*Ensure patient has achieved complete asthma control before stepping down*

---

#### BTS/SIGN Step 2

**Prescribe an ICS device equivalent to 400-500mcg BDP*/day:**

- Clenil Modulite® 100mcg 2 puffs bd (£4.45)
  - OR
  - Easyhaler® Beclometasone 200mcg 1 puff bd (£4.48)
    - OR
    - Qvar Easi-Breathe® 50mcg 2 puffs bd (£4.65)
      - OR
      - Qvar® MDI 50mcg 2 puffs bd (£4.72)
        - OR
        - Easyhaler® Budesonide 200mcg 1 puff bd (£5.31)
          - OR
          - Fluticasone 50 Evohaler® 2 puffs bd (£5.44)
            - OR
            - Fluticasone 100 Accuhaler® 1 puff bd (£8.93)

#### BTS/SIGN Step 3

- **OPTION 1:**
  - Easyhaler® Beclometasone 200mcg 1 puff bd (£4.48) OR
  - Qvar® MDI 50mcg 2 puffs bd (£4.72) OR
  - Clenil Modulite® 250mcg 1 puff bd (£4.89)
    - PLUS
    - Easyhaler® Formoterol 12mcg 1 puff bd (£11.88)
      - (400-500mcg BDP* equiv./day + 24mcg formoterol/day)

- **OPTION 2:**
  - Fostair® 100/6 Inhaler 2 puffs bd (£29.32)
    - (1000mcg BDP* equiv./day + 24mcg formoterol/day)

---

#### BTS/SIGN Step 4

- **Seretide 250 Evohaler®**
  - 2 puffs bd (£59.48)
    - (2000mcg BDP* equiv./day + 100mcg salmeterol/day)

- **Seretide 125 Evohaler®**
  - 2 puffs bd (£35.00)
    - (1000mcg BDP* equiv./day + 100mcg salmeterol/day)

- **Seretide 50 Evohaler®**
  - 2 puffs bd (£18.00)
    - (400mcg BDP* equiv./day + 100mcg salmeterol/day)

- **Seretide 500 Accuhaler®**
  - 1 puff bd (£40.92)
    - (2000mcg BDP* equiv./day + 100mcg salmeterol/day)

- **Seretide 250 Accuhaler®**
  - 1 puff bd (£35.00)
    - (1000mcg BDP* equiv./day + 100mcg salmeterol/day)

- **Seretide 100 Accuhaler®**
  - 1 puff bd (£18.00)
    - (400mcg BDP* equiv./day + 100mcg salmeterol/day)

---

#### BTS/SIGN Step 4

- **Fostair® 100/6 Inhaler**
  - 2 puffs bd (£29.32)
    - (1000mcg BDP* equiv./day + 24mcg formoterol/day)

---

#### Key:

- **Costs:** 30 day costs (without a spacer) Sept 13 Drug Tariff
  - Total daily dose inhaled corticosteroid, in terms of beclometasone dipropionate (BDP) equivalent.
  - If patient is taking add-on therapies (e.g. montelukast, oral prednisolone) consider reducing these before reducing the ICS. See page 2 of this guidance.

---

All patients with asthma should be provided with a short-acting beta₂ agonist (Salbutamol MDI or Easyhaler®) to aid in the event of an acute exacerbation.
**Asthma guide for Symbicort Turbohaler®** (devised from BTS guidance and the relevant Summary of Product Characteristics)

Note: all doses are for asthma maintenance therapy, not asthma maintenance and reliever therapy (e.g. not the SMART® regime)

Ensure patient has achieved complete asthma control before stepping down

### BTS/SIGN Step 3

- **Symbicort 400/12 Turbohaler®**
  - 1 puff bd (£38.00)
  - (800mcg BDP* equiv./day + 24mcg formoterol/day)

- **Symbicort 100/6 Turbohaler®**
  - 2 puffs bd (£33.00)
  - (400mcg BDP* equiv./day + 24mcg formoterol/day)

### BTS/SIGN Step 2

Prescribe an ICS device equivalent to 400-500mcg BDP*/day:

- Clenil Modulite® 100mcg
  - 2 puffs bd (£4.45)
  - OR

- Easyhaler® Beclometasone 200mcg
  - 1 puff bd (£4.48)
  - OR

- Qvar Easi-Breathe®
  - 50mcg 2 puffs bd (£4.65)
  - OR

- Qvar® MDI 50mcg
  - 2 puffs bd (£4.72)
  - OR

- Easyhaler® Budesonide 200mcg
  - 1 puff bd (£5.31)
  - OR

- Fluticasone 50 Evohaler®
  - 2 puffs bd (£5.44)
  - OR

- Fluticasone 100 Accuhaler®
  - 1 puff bd (£8.93)

### Key:

Costs: 30 day costs (without a spacer) Sept 13 Drug Tariff

*Total daily dose inhaled corticosteroid, in terms of beclometasone dipropionate (BDP) equivalent.

All patients with asthma should be provided with a short-acting beta₂ agonist (Salbutamol MDI or Easyhaler®) to aid in the event of an acute exacerbation.
Asthma guide for high dose Symbicort® and Flutiform® (devised from BTS guidance and the relevant Summary of Product Characteristics)

Note: all doses are for asthma maintenance therapy, not asthma maintenance and reliever therapy (e.g. not the SMART® regime)

Ensure patient has achieved complete asthma control before stepping down

**Key: Costs** 30 day costs (without a spacer) Sept 13 Drug Tariff

*Total daily dose inhaled corticosteroid, in terms of beclometasone dipropionate (BDP) equivalent.

If patient is taking add-on therapies (e.g. montelukast, oral prednisolone) consider reducing these before reducing the ICS. See page 2 of this guidance.

**BTS/SIGN Step 4**

**OPTION 1:**
Easyhaler Budesonide 400mcg 1 puff bd (£10.63)
PLUS
Easyhaler® Formoterol 12mcg 2 puff bd (£23.75)
(800mcg BDP* equiv./day + 48mcg formoterol/day)

**OPTION 2:**
Symbicort 400/12 Turbohaler® 1 puff bd (£38.00)
(800mcg BDP* equiv./day + 48mcg formoterol/day)

All patients with asthma should be provided with a short-acting beta2 agonist (Salbutamol MDI or Easyhaler®) to aid in the event of an acute exacerbation.

**BTS/SIGN Step 4/5**

**OPTION 1:**
Fluticasone 250 Evohaler® 1 puff bd (£18.07)
PLUS
Easyhaler® Formoterol 12mcg 1 puff bd (£11.88)
(1000mcg BDP* equiv./day + 48mcg formoterol/day)

**OPTION 2:**
Flutiform® 250/10 Inhaler 1 puff bd (£22.78)
(1000mcg BDP* equiv./day + 24mcg formoterol/day)

**BTS/SIGN Step 3**

**OPTION 1:**
Easyhaler Budesonide 400mcg 1 puff bd (£10.63)
PLUS
Easyhaler® Formoterol 12mcg 2 puff bd (£23.75)
(800mcg BDP* equiv./day + 48mcg formoterol/day)

**OPTION 2:**
Symbicort 400/12 Turbohaler® 1 puff bd (£38.00)
(800mcg BDP* equiv./day + 48mcg formoterol/day)

**BTS/SIGN Step 3**

**OPTION 1:**
Easyhaler Budesonide 400mcg 1 puff bd (£10.63)
PLUS
Easyhaler® Formoterol 12mcg 2 puff bd (£23.75)
(800mcg BDP* equiv./day + 48mcg formoterol/day)

**OPTION 2:**
Symbicort 400/12 Turbohaler® 1 puff bd (£38.00)
(800mcg BDP* equiv./day + 48mcg formoterol/day)

**BTS/SIGN Step 2**

**Prescribe an ICS device equivalent to 400-500mcg BDP*/day:**

Clenil Modulite® 100mcg 2 puffs bd (£4.45)
OR
Easyhaler® Beclometasone 200mcg 1 puff bd (£4.48)
OR
Qvar Easi-Breathe® 50mcg 2 puffs bd (£4.65)
OR
Qvar® MDI 50mcg 2 puffs bd (£4.72)
OR
Easyhaler® Budesonide 200mcg 1 puff bd (£5.31)
OR
Fluticasone 50 Evohaler® 2 puffs bd (£5.44)
OR
Fluticasone 100 Accuhaler® 1 puff bd (£8.93)

Page 8
Approved by BHR Area Prescribing Sub-Committees Nov 13. Review Nov 2015
Asthma guide for Flutiform® (devised from BTS guidance and the relevant Summary of Product Characteristics)

Ensure patient has achieved complete asthma control before stepping down

Flutiform®

250/10

- Flutiform® 250/10 Inhaler
  1 puff bd (£22.78)
  (1000mcg BDP* equiv./day + 20mcg formoterol/day)

Flutiform®

125/5

- Flutiform® 125/5 Inhaler
  2 puffs bd (£29.26)
  (1000mcg BDP* equiv./day + 20mcg formoterol/day)

Flutiform®

50/5

- Flutiform® 50/5 Inhaler
  2 puffs bd (£18.00)
  (400mcg BDP* equiv./day + 20mcg formoterol/day)

BTS/SIGN Step 4

BTS/SIGN Step 3

BTS/SIGN Step 2

Prescribe an ICS device equivalent to 400-500mcg BDP*/day:
- Clenil Modulite® 100mcg
  2 puffs bd (£4.45)
  OR
- Easyhaler® Beclometasone
  200mcg
  1 puff bd (£4.48)
  OR
- Qvar Easi-Breathe®
  50mcg 2 puffs bd (£4.65)
  OR
- Qvar® MDI 50mcg
  2 puffs bd (£4.72)
  OR
- Easyhaler® Budesonide
  200mcg
  1 puff bd (£5.31)
  OR
- Fluticasone 50 Evohaler®
  2 puffs bd (£5.44)
  OR
- Fluticasone 100 Accuhaler®
  1 puff bd (£8.93)

Key:
- Costs: 30 day costs (without a spacer) Sept 13 Drug Tariff
- *Total daily dose inhaled corticosteroid, in terms of beclometasone dipropionate (BDP) equivalent.
- †If patient is taking add-on therapies (e.g. montelukast, oral prednisolone) consider reducing these before reducing the ICS. See page 2 of this guidance.

All patients with asthma should be provided with a short-acting beta₂ agonist (Salbutamol MDI or Easyhaler®) to aid in the event of an acute exacerbation.
The Asthma UK patient self-management plan should be completed for all patients with asthma.

Copies of the Asthma UK patient self-management plan can be ordered by emailing info@asthma.org.uk or calling Asthma UK’s Supporter Care Team on 0800 121 62 55.

Click here to obtain an editable electronic copy of the Asthma UK patient self-management plan (link).

The editable electronic copy of the Asthma UK patient self-management plan is available on each CCG’s prescribing guidance webpage:
- Barking and Dagenham (link)
- Havering (link)
- Redbridge (link)