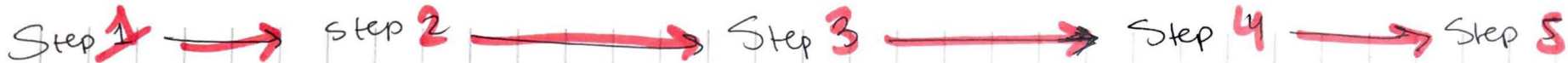


# Asthma



Preferred AS needed  
Low-dose  
ICS-formoterol

1. Daily low-dose ICS  
+ AS needed SABA  
↳ ↓ risk of exacerbation

2. AS needed low-dose  
ICS-formoterol  
↳ ↓ risk of exacerbation  
& avoid need for  
daily ICS in Mild Asthma

1. (low dose ICS + SABA)  
as needed

2. LTRA

3. Daily low-dose  
ICS-LABA  
✓ Faster improvement  
X More \$\$  
= Exacerbation rate  
is similar.

1. low-dose ICS-LABA  
+ as needed SABA

2. Low-dose ICS-formoterol  
Maintenance + reliever.

1. Medium dose ICS

2. low dose ICS + LTRA

3. SLIT  
(FEV1 > 70%  
predicted)

1. Add Tiotropium  
patients >= 64.0. w/ history of exacerbations

2. Add-on LTRA

3. ↑ to High-dose ICS; consider AE.

4. Add-on SLIT  
(FEV1 > 70%.)

1. low-dose  
ICS-formoterol  
Maintenance + reliever

2. Medium-dose  
ICS-LABA Maintenance  
+ AS needed SABA

\* Refer for  
phenotypic investigation  
+/- Add-on Tx.

\* Add-on Tx:

1. Tiotropium:  
>= 64.0. w/ history  
of exacerbations

2. Omalizumab (Anti-IgE):  
severe allergic Asthma.  
>= 64.0.

3. Mepolizumab (Anti-IL5):  
severe eosinophilic Asthma  
>= 64.0

4. Benralizumab (Anti-ILR)  
>= 124.0.

5. Dupilumab (Anti-IL4R)  
>= 124.0.

Other

low-dose OCS  
(but longterm AE)

↕  
Severe  
Asthma.

Other options

(low-dose ICS  
+ SABA) as needed

Notes

SX < 2x/Month  
NO Exacerbation RE

Mild Asthma