Asthma

Step 1

preferred: As needed low-dose ICS-formoterol

Other options: (low-dose ICS + SABA) as needed

Notes: SX < 2X/Month
NO Exacerbation RF

Step 2

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.

Mild Asthma

Step 3

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)

Step 4

1. low-dose ICS-formoterol Maintenance + reliever
2. Medium-dose ICS-LABA Maintenance + As needed SABA

1. Add Tiotropium patients >=6 y.o. w/ history of exacerbations
2. Add-on LTRA
3. ↑ to High-dose ICS, consider Rf.
4. Add-on SLIT (FEV1 >70%.)

Step 5

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

* Add-on Tx:

1. Tiotropium: >=6 y.o. w/ history of exacerbations
2. Omalizumab (Anti-IgE): severe allergic Asthma. >=6 y.o.
3. Mepolizumab (Anti-IL5): severe eosinophilic Asthma >=6 y.o
4. Benralizumab (Anti-IL4R) >=12 y.o.
5. Dupilumab (Anti-IL4R) >=12 y.o.

Other: low-dose OCS (but long term Rf)

Severe Asthma