Asthma Pharmacotherapy Update

April 2019 Global Initiative for Asthma Management (GINA) Evidence-Based Strategy Update

- These new recommendations come from data that has been gathered over the last 12 years
- This is the biggest change to managing patients with asthma in over 30+ years

What prompted these changes?

- Patients with very mild asthma symptoms are still at **risk for severe or fatal exacerbations**
- A **64% reduction in severe exacerbations** was found in the Step 2 study with **as-needed low dose budesonide-formoterol (Symbicort®)** compared with SABA-only
    - Further, **<20% of the average ICS dose** compared with daily ICS
- The priority to **avoid past conflicting messages**
    - Prior message at initial diagnosis → Use a SABA for symptom relief
    - Conflicting message later in disease progression → Reduce your SABA use (despite this being effective from the patient's prospective) and implement daily controller therapy
- Early treatment with **low dose ICS leads to better lung function** than if symptoms have been present for more than 2–4 years

Implementing the new changes

- How quickly does an ICS + formoterol (Symbicort or Dulera) take effect compared to a SABA?
    - Despite formoterol being a LABA, its onset of action is 3-5 minutes
- Why is a daily ICS no longer suggested as Step 1?
    - Poor patient compliance
- How cost-effective is Symbicort compared to SABA-only therapy (i.e. ProAir®, Ventolin®)?

New preferred step therapy for adults and adolescents 12+ years

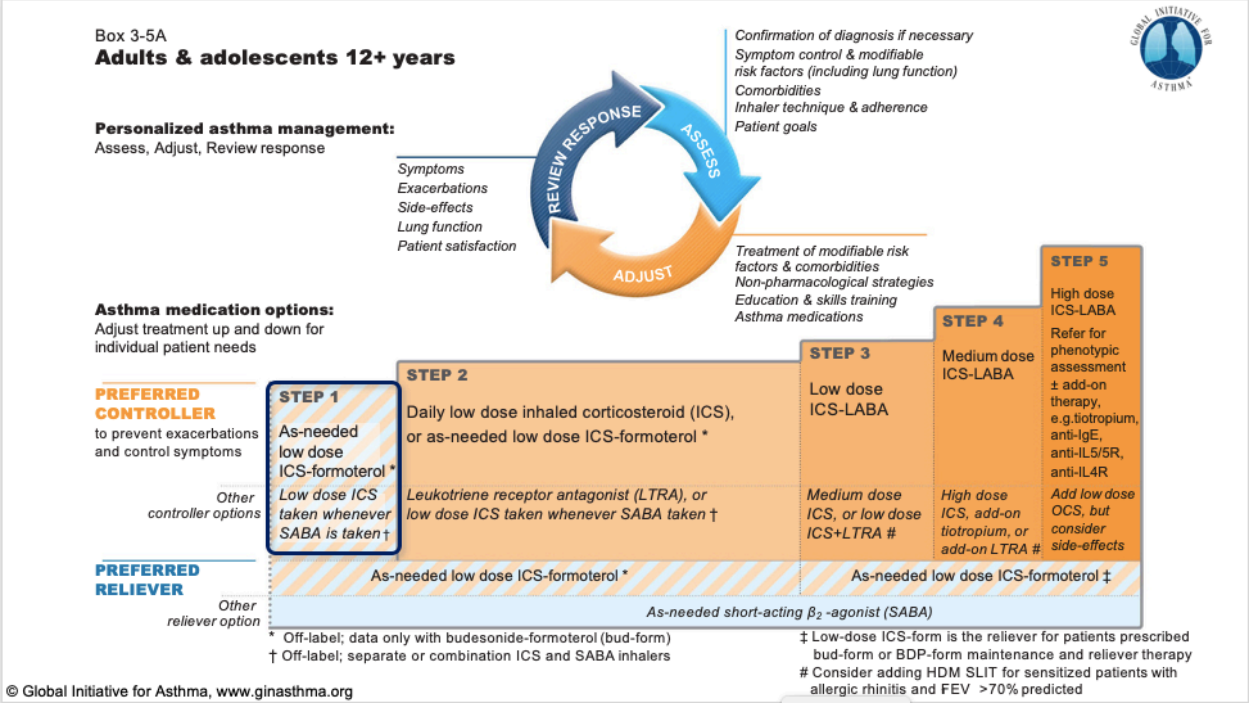
1. **Step 1 preferred controller → As-needed low dose ICS-formoterol (Symbicort or Dulera)**
    a. This for patients with <u>symptoms less than twice a month</u> and with <u>no exacerbation risk factors</u>
2. **Step 2 preferred controller → Daily low-dose ICS (only) or PRN low-dose ICS-formoterol**
    a. Example of low-dose ICS: Budesonide 200-400 mcg/day
3. Step 3 preferred controller → Low-dose ICS-LABA

<u>*Note: The preferred rescue (reliever) is low-dose ICS-formoterol</u> (see diagram below)

When and how to implement step-down therapy

- When a patient is started on any new regimen, they should be evaluated in clinic every 1-3 months until they're well-controlled
    - Once they're controlled, patients may be seen every 3-12 months
- Once a patient has been documented as **well-controlled for 3 months, step-down therapy may be considered**
    - **Goal:** Control a patient's symptoms and exacerbations with the least number of medications at the lowest dose possible.
        - **Advantages:** Fewer meds at lower doses = increased compliance, lower overall cost, and exposes patients to fewer side effects
- **Stepping down**
    - Document baseline status, update your patient's written asthma action plan, schedule follow-up visits and monitor patients closely during this time
    - Step down through available formulations to **reduce the ICS dose by 25–50% at 2–3 month intervals**
        - See Box 3-9 in full GINA 2019 report for details of how to step down different controller treatments: https://ginasthma.org/gina-reports/

2019 GINA Step Therapy



For more information, please visit:

https://ginasthma.org/wp-content/uploads/2019/04/GINA-2019-main-Pocket-Guide-wms.pdf

GINA recently published the following clarification

We have become aware that the GINA 2019 recommendation for 'Preferred reliever' in Steps 3-5 is sometimes being misinterpreted. Please note the following important information.

In the GINA 2019 treatment figure for adults and adolescents (Box 3-5A), Steps 3-5 show the medication options for patients with moderate to severe asthma in whom modifiable causes of symptoms or exacerbations have been addressed. In these patients, low-dose ICS-formoterol is the preferred reliever only for patients who are prescribed maintenance and reliever therapy with ICS-formoterol.
GINA does not recommend use of ICS-formoterol as the reliever for patients taking combination ICS-LABA medications with a different LABA. For these patients, their as-needed reliever inhaler should be a short-acting b2-agonist (SABA).

The maintenance and reliever regimen (sometimes called 'MART' or 'SMART') is approved in many countries for use with low dose beclometasone-formoterol or low dose budesonide-formoterol. With this regimen, the patient receives ICS-formoterol as their regular twice-daily or once-daily maintenance treatment and takes additional doses of a low-dose ICS-formoterol for relief of symptoms, instead of as-needed short-acting b2-agonist.

About the maintenance and reliever regimen (GINA 2019, page 52): "In adult and adolescent patients with ≥1 exacerbation in the previous year, the ICS-formoterol maintenance and reliever regimen significantly reduces exacerbations and provides similar levels of asthma control at relatively low doses of ICS, compared with a fixed dose of ICS-LABA as maintenance treatment or a higher dose of ICS, both with as-needed SABA [GINA 2019 references 202-207] (Evidence A). Low dose ICS-formoterol is the preferred reliever for patients prescribed the maintenance and reliever treatment regimen. It should not be used as the reliever for patients taking combination ICS-LABA medications with a different LABA."