South Yorkshire Adult Asthma Guideline 2026

In this guideline:

Use the hyperlinks below to help access relevant sections of the guideline

This guideline has had input from both primary and secondary care clinicians across South Yorkshire. It is based on national guidance Asthma: diagnosis, monitoring and chronic asthma management (BTS, NICE, SIGN)

SABA Monotherapy

National guidance states **"Do NOT prescribe short acting beta 2 agonists to people of any age with asthma without a concomitant prescription of an ICS."**

The guidance offers some advice on what to do for people aged 12+ on existing treatment pathways here

Inhaler choice

- Inhalers listed in this guideline at each step are all approximately equivalent in strength
- Inhalers devices are not listed to suggest 1st, 2nd, 3rd line choices although dry powder inhalers should be considered first where appropriate.
- Inhaler device choice should be based on an individual patient assessment
- Prices of inhalers do vary and a table of inhaler constituents and prices is available here
- Consider using the lowest cost product(s) which meets the needs of the individual patient.
- Consider shelf life of inhaler particularly for anti-inflammatory reliever therapy.
- It is advised to use this guideline in conjunction with local formularies.

Diagnosis

For diagnosis of asthma in all age groups see NICE/BTS/SIGN Guidance here

Essentials of Good Asthma Care for All – Aim for excellent asthma care for all

- Confirm diagnosis
- No SABA monotherapy
- Annual review for all
- Check inhaler technique
- Check adherence
- Identify and document triggers
- Review if > 2 SABA in 12m
- Maintain lowest controlling therapy
- Provide personalised asthma action plans (PAAPs)
- Use an appropriate spacer with pMDI
- Consider DPI first line where appropriate
- Review any treatment change at 8-12 weeks

Always provide education **including what asthma is, how the medicines work, good inhaler technique, using a PAAP and knowing when to seek help.**

Refer to secondary care if:

- Poor asthma control despite optimised care inc. > 3 SABA in 12m
- 2+ courses of oral steroids in 12 months
- 1 or more A&E visits in 12 months
- Inpatient or acute admission to hospital
- Diagnostic uncertainty
- Also see specific referral criteria in treatment algorithm

Use **HASTE checklist** to optimise control and identify patients for appropriate EARLIER secondary care referral

H	• High intensity treatment: is the patient already at the high-end of the treatmenht escalator?
A	• Adherence: is the patient taking their medication at the correct dose and frequency
S	• Severe exacerbations: has the patient had ≥2 course of OCS or been hospitalized due to asthma?
T	• Technique: is the patient's inhaler technique current?
E	• Exclude other conditions: manage conditions that mimic or exacerbate asthma

Personalised Asthma Action Plans (PAAPs) and Self-Management

- All patients with asthma should have a PAAP corresponding to the regime they are using
- AIR and MART plans should outline:
  1) The number of doses a patient can have in the different zones
  2) The maximum dose they can have at any one time
  3) The maximum total daily dose in 24 hours
- Patients should be advised to seek an urgent medical review if they are regularly using close to their maximum doses.
- See Adult AIR and MART Important Information for Symbicort and Fobumix and Adult MART Important Information for Fostair NEXThaler and Proxor pMDI

PCRS AIR Plan

PCRS MART Plan

Other useful resources to support self-management

Asthma and Lung UK inhaler technique videos

What asthma is, how the medicines work - An animated video showing patients what happens in their airways and how the inhalers work

Emergency Management

AIR/MART Regimes

ICS/formoterol (AIR/MART) containing inhalers can be used in the red zone of a Personalised Asthma Action Plan in an emergency.

1. Take 1 puff, wait 1-3 minutes, if there is no improvement in symptoms take another puff. Repeat this up to a maximum of 6 puffs.
2. If the person remains symptomatic call 999
3. If needed, repeat step 1 whilst waiting for the ambulance to arrive

There is no role for the use of SABA in an AIR or MART regime.
MART cards can be provided to support patients.

SABA regime (see treatment pathways)

1. Take 1 puff, wait 1-3 minutes, if there is no improvement in symptoms take another puff. Repeat this up to a maximum of 10 puffs.
2. If the child/young person remains symptomatic call 999
3. If needed, repeat step 1 whilst waiting for the ambulance to arrive

Even if symptoms improve patients should be advised to see their doctor or asthma nurse immediately after an asthma attack

Adults 18+ AIR and MART Pathway

Low carbon footprint

High carbon footprint

If highly symptomatic at presentation start here
in addition to treating acute symptoms as indicated i.e. with OCS

Initial management of diagnosed asthma

Infrequent symptoms

OFFER
Low dose ICS/formoterol AIR

Fobumix Easyhaler 160/4.5
1 puff PRN in response to symptoms

Symbicort Turbohaler 200/6
1 puff PRN in response to symptoms

See here for further AIR dose information

Fostair NEXThaler 100/6 ▲
1 puff PRN in response to symptoms

Proxor pMDI 100/6 (plus spacer) ▲
1 puff PRN in response to symptoms

Alternative = Fostair 100/6 pMDI

See here for further AIR dose information

OFFER
Low dose ICS/formoterol MART

Fobumix Easyhaler 160/4.5
1 puff BD plus 1 additional puff PRN in response to symptoms

Symbicort Turbohaler 200/6
1 puff BD plus 1 additional puff PRN in response to symptoms

See here for further MART dose information

Fostair NEXThaler 100/6
1 puff BD plus 1 additional puff PRN in response to symptoms

Proxor pMDI 100/6 (plus spacer)
1 puff BD plus 1 additional puff PRN in response to symptoms

Alternative = Fostair 100/6 pMDI

See here for further MART dose information

OFFER
Moderate dose ICS/formoterol MART

Fobumix Easyhaler 160/4.5
2 puffs BD plus 1 additional puff PRN in response to symptoms

Symbicort Turbohaler 200/6
2 puffs BD plus 1 additional puff PRN in response to symptoms

See here for further MART dose information

Fostair NEXThaler 100/6 ▲
2 puffs BD plus 1 additional puff PRN in response to symptoms

Proxor pMDI 100/6 (plus spacer) ▲
2 puffs BD plus 1 additional puff PRN in response to symptoms

Alternative = Fostair 100/6 pMDI

See here for further MART dose information

REMAINS UNCONTROLLED DESPITE GOOD ADHERANCE
Check FeNO
Check blood eosinophil count

EITHER FeNO or Blood eosinophil count (BEC) RAISED
Refer to specialist
(FeNO > 50ppb, BEC > normal laboratory range)

NEITHER FeNO or Blood eosinophil count RAISED CONSIDER
Add on therapy

Add Montelukast*
(trial 8-12 weeks)
10mg tablet ON

Add LAMA
(trial 8-12 weeks)
Spiriva Respimat 2.5mcg 2 puffs OD

Stop if no improvement, Continue if asthma improved
If asthma improved but not fully controlled consider 2nd add on

REMAINS UNCONTROLLED
Refer to specialist

*Caution Montelukast – Reminder of the risk of neuropsychiatric reactions

Do not use Symbicort Turbohaler 400/12 or Proxor/Fostair 200/6 pMDI for MART these strengths are not licensed for MART.

▲ OFF LABEL PRESCRIBING – see supplementary notes for further information

SABA in MART Regimes

There is no role for the use of SABA in an AIR or MART regimen.

Inhaler choice
See inhaler choice advice here
Consider cost, shelf life, local formularies and individual patient preference.
Inhaler constituents, prices and shelf-life info can be found here

Treatment Pathways

NICE/BTS/SIGN 2024 Asthma guidelines recommend AIR/MART pathways only for adults. National guidance does not recommend an alternative treatment pathway for adults. In South Yorkshire we agree that AIR/MART should be the pathway of choice for adults however we understand that for a **very small minority** of patients this pathway may not be suitable. See below for further advice.

Guidance on managing asthma if AIR/MART is not suitable

Always try AIR/MART pathway first line. Discuss benefits of AIR/MART (safer, reduced exacerbations, reduced mortality), discuss concerns (some people worry if they can't feel the inhaler that it is not working). Some situations where AIR/MART may not be appropriate may include; cannot tolerate formoterol, cannot use a DPI, cannot manage flexible dosing. If after trying AIR/MART it is deemed unsuitable, clearly document reason in patient notes and consider a fixed dose regime. **Reconsider AIR/MART at every review and at least annually**.

SABA alone must not be used.

Low dose ICS

Easyhaler Budesonide
100 or 200mcg
1 puff BD

Pulmicort Turbohaler
100 or 200
1 puff BD

Soprobec 100 or 200 pMDI
1 puff BD
CO_2
Alternative = Clenil 100 or 200

Low dose ICS/LABA

Fobumix Easyhaler 160/4.5
1 puff BD

Fostair NEXThaler 100/6
1 puff BD

Symbicort Turbohaler 200/6
1 puff BD

Relvar Ellipta 92/22 mcg
1 puff OD

Proxor 100/6 pMDI
1 puff BD
Alternative = Fostair 100/6 pMDI

Moderate dose ICS/LABA

Fobumix Easyhaler 320/9
1 puff BD

Fostair NEXThaler 100/6
2 puffs BD

Symbicort Turbohaler 400/12
1 puff BD

Relvar Ellipta 92/22 mcg
1 puff OD

Proxor 200/6 pMDI
1 puff BD
CO_2
Alternative = Fostair 200/6 pMDI

Add on therapy

Check FeNO/BEC - If either raised – consider referral to specialist

Consider adding montelukast 10mg tablet ON
(Trial 8-12 weeks - Stop if no improvement, continue if asthma improved.
If asthma improved but not fully controlled consider 2nd add on)

Or add
Spiriva Respimat 2.5mcg
(Trial 8-12 weeks - Stop if no improvement, continue if asthma improved.
If asthma improved but not fully controlled consider 2nd add on)

Or
Consider single inhaler triple therapy inhaler (see below)

Remains uncontrolled - Refer

Any patient on high dose ICS - refer

Plus SABA PRN – Easyhaler Salbutamol 100mcg CO_2 or Salamol pMDI 100mcg

Always prescribe pMDIs with a spacer

Fixed dose single inhaler triple therapy (ICS/LABA/LAMA) + SABA

Triple therapy should only be initiated by a clinician with an asthma qualification and appropriate experience

MART should always be considered first line

Fixed dose triple therapy should only be considered after comprehensive review by a clinician with expertise in asthma

Indication for fixed dose triple should be clearly documented in patient's notes

Moderate Dose Triple Therapy

Trimbow pMDI
87/5/9 (plus spacer)
2 puffs BD

Trimbow NEXThaler ▲
88/5/9
2 puffs BD

High dose Triple Therapy

Refer all patients on high dose ICS/LABA/LAMA to secondary care

▲ OFF LABEL PRESCRIBING – see supplementary notes for further information

Adult AIR and MART Important Information for Budesonide/Formoterol Combinations

	Inhaler	Daily Maintenance Dose	Additional doses	Total daily maximum doses (including maintenance doses)	When to seek medical advice	Additional information
AIR	**Budesonide/formoterol DPI** **Fobumix Easyhaler 160/4.5** **Symbicort Turbohaler 200/6**	None	1 inhalation as needed in response to symptoms. If symptoms persist after a few minutes an additional inhalation should be taken. Not more than 6 inhalations should be taken on any one occasion	A total daily dose of more than 8 inhalations is not normally needed. However, a total daily dose of up to 12 inhalations could be used for 2 days. See also Emergency Management	Patients requiring 8 inhalations in a day should be strongly recommended to seek medical advice. Patients should be advised to seek a non-urgent review if needing their AIR inhaler 3 + times a week	You may wish to set an issue duration of approximately 60-90 days per inhaler to prompt if inhalers are being ordered more frequently than expected. Stop regular SABA on repeat There is no role for the use of SABA in AIR or MART regimens.
Low dose MART	**Budesonide/formoterol DPI** **Fobumix Easyhaler 160/4.5** **Symbicort Turbohaler 200/6** Budesonide/formoterol 100/6 (80/4.5) DPI is also licensed for MART with the same doses where a lower overall steroid dose is preferable.	1 inhalation TWICE a day (or 2 inhalations ONCE a day)	1 puff as needed in response to symptoms. If symptoms persist after a few minutes an additional inhalation should be taken. Not more than 6 inhalations should be taken on any one occasion	A total daily dose of more than 8 inhalations is not normally needed. However, a total daily dose of up to 12 inhalations could be used for a limited period See also Emergency Management	Patients requiring 8 inhalations in a day should be strongly recommended to seek medical advice. Patients should be advised to seek a non-urgent review if needing extra MART inhaler 3 + times a week	You may wish to set an issue duration of approximately 45 days per inhaler to prompt if inhalers are being ordered more frequently than expected. Stop regular SABA on repeat. There is no role for the use of SABA in AIR or MART regimens.
Moderate dose MART	**Budesonide/formoterol DPI** **Fobumix Easyhaler 160/4.5** **Symbicort Turbohaler 200/6**	2 inhalations TWICE a day	1 puff as needed in response to symptoms. If symptoms persist after a few minutes an additional inhalation should be taken. Not more than 6 inhalations should be taken on any one occasion	A total daily dose of more than 8 inhalations is not normally needed. However, a total daily dose of up to 12 inhalations could be used for a limited period See also Emergency Management	Patients requiring 8 inhalations in a day should be strongly recommended to seek medical advice. Patients should be advised to seek a non-urgent review if needing extra MART inhaler 3 + times a week	You may wish to set an issue duration of approximately 18 days per inhaler to prompt if inhalers are being ordered more frequently than expected. Stop regular SABA on repeat. There is no role for the use of SABA in AIR or MART regimens.

Adult MART Important Information for Beclometasone/Formoterol Combinations

	Inhaler	Daily Maintenance Dose	Additional doses	Total daily maximum doses (including maintenance doses)	When to seek medical advice	Additional information
AIR ▲	**Beclometasone/ Formoterol** **Fostair NEXThaler 100/6** ▲ **Proxor pMDI 100/6**	None	1 inhalation as needed in response to symptoms. If symptoms persist after a few minutes an additional inhalation should be taken. Not more than 6 inhalations should be taken on any one occasion	The maximum daily dose is 8 inhalations See also Emergency Management	Patients requiring 8 inhalations in a day should be strongly recommended to seek medical advice. Patients should be advised to seek a non-urgent review if needing their AIR inhaler 3 + times a week	You may wish to set an issue duration of approximately 60-90 days per inhaler to prompt if inhalers are being ordered more frequently than expected. Stop regular SABA on repeat There is no role for the use of SABA in AIR or MART regimens
Low dose MART	**Beclometasone/ Formoterol** **Fostair NEXThaler 100/6** **Proxor pMDI 100/6** Alternative = Fostair 100/6 pMDI	1 inhalation TWICE a day	1 puff as needed in response to symptoms. If symptoms persist after a few minutes an additional inhalation should be taken. Not more than 6 inhalations should be taken on any one occasion	The maximum daily dose is 8 inhalations See also Emergency Management	Patients requiring 8 inhalations in a day should be strongly recommended to seek medical advice. Patients should be advised to seek a non-urgent review if needing extra MART inhaler 3 + times a week	You may wish to set an issue duration of approximately 45 days per inhaler to prompt if inhalers are being ordered more frequently than expected. Stop regular SABA on repeat. There is no role for the use of SABA in AIR or MART regimens.
Moderate dose MART ▲	**Beclometasone/ Formoterol** **Fostair NEXThaler 100/6** ▲ **Proxor pMDI 100/6** ▲ Alternative = Fostair 100/6 pMDI	2 inhalations TWICE a day	1 puff as needed in response to symptoms. If symptoms persist after a few minutes an additional inhalation should be taken. Not more than 6 inhalations should be taken on any one occasion	The maximum daily dose is 8 inhalations See also Emergency Management	Patients requiring 8 inhalations in a day should be strongly recommended to seek medical advice. Patients should be advised to seek a non-urgent review if needing extra MART inhaler 3 + times a week	You may wish to set an issue duration of approximately 18 days per inhaler to prompt if inhalers are being ordered more frequently than expected. Stop regular SABA on repeat. There is no role for the use of SABA in AIR or MART regimens.

▲ OFF LABEL PRESCRIBING – see supplementary notes for further information

Previously established treatment regimens – Guidance to support changing inhaled therapy in uncontrolled asthma

There is no need to change inhaled therapies for someone who is well controlled – guidance to change is for patients whose asthma is uncontrolled.

Before starting or adjusting medicines

Assess possible reasons for uncontrolled asthma including:

- Alternative diagnoses
- Co-morbidities
- Suboptimal adherence (through questioning and % picked up doses vs prescribed doses) and inhaler technique
- Smoking
- Psychosocial factors
- Seasonal factors
- Environmental factors such as outdoor and indoor air pollution or mould exposure

Current Inhaled Therapy	New Inhaled Therapy	Step up if still uncontrolled
SABA only	**Offer low dose ICS/LABA as AIR**	**Consider low dose MART**
SABA plus **Low dose ICS or** **Low dose ICS/LABA or** **Low dose ICS plus montelukast or** **Low dose ICS/LABA plus montelukast**	**Consider low dose MART**	**Consider moderate dose MART**
SABA plus **Moderate dose ICS or** **Moderate dose ICS/LABA or** **Moderate dose ICS plus montelukast or** **Moderate dose ICS/LABA plus montelukast and/or LAMA**	**Consider moderate dose MART**	**Check FeNo** **Check blood eosinophils** **If either raised – Refer to specialist** **If neither raised consider add on**

Uncontrolled asthma

People with asthma can normalise their symptoms and have low expectations of asthma control.

Clinicians should have higher expectations of asthma control, aiming for complete control.

Uncontrolled asthma is defined as:

- Any exacerbation requiring oral corticosteroids or
- Frequent regular symptoms such as using reliever inhaler 3 or more times a week or nighttime waking due to asthma symptoms 1 or more times a week

Add on therapies when switching to MART

When changing from traditional treatment regimens of fixed dose low or moderate dose ICS or ICS/LABA to a MART regime consider whether to stop any add on therapies based on the degree of benefit achieved when first introduced.

Add on therapies include:

- LAMA (tiotropium)
- LTRA (montelukast)

Any high dose ICS regimen

Refer to specialist

Suspected Severe Asthma

Severe asthma is defined as asthma which requires treatment with high dose inhaled corticosteroids (ICS) to achieve control or remains uncontrolled despite treatment with high-dose ICS.

Who to refer with suspected severe asthma

- Maintenance OCS (for asthma)
- 2 or more OCS courses in the last 12 months
- One or more asthma related hospital admission in the last 12 months
- Asthma patients uncontrolled on fixed high-dose ICS or ICS/LABA +/- additional controllers

  Asthma patients uncontrolled on moderate dose MART with evidence of T2 inflammation *(FeNO > 50ppb, BEC > 0.3 x 10^9/L)*
- Asthma patients uncontrolled on moderate dose MART + LAMA + LTRA without evidence of T2 inflammation

When to refer

- People with suspected severe asthma should be referred for specialist assessment without delay.
- Consider the following prior to referral:
  - Review and confirm asthma diagnosis
  - Assess and optimise adherence
  - Assess and optimise inhaler technique
  - Identify and where possible remove triggers
  - Identify and optimise co-morbidities

Information to include in referral

- Summary of symptoms and concerns
- Details of any optimisation previously tried
- Details of past medical history
- Co-morbidities
- Current asthma treatments
- Past asthma treatments inc. reasons for discontinuation
- Details of assessment of adherence
- Number of OCS courses in last 12 months
- Results of any objective tests to support diagnosis
- T2 biomarkers – FeNO and highest BEC in last 12 months
- History of atopy inc. results of any allergy testing (e.g. IgE, specific IgE (RAST) skin prick testing)

What to do whilst your patient is awaiting specialist review

- **Consider seeking specialist advice first**
- Uncontrolled on moderate dose MART consider:
  - Additional controller therapy added to moderate dose MART (if not already trialled)

Spiriva Respimat 2.5mcg 2 puffs OD  **+/-** Montelukast* 10mg tablet ON

Or if requiring frequent MART reliever doses exceeding maximum daily dose

- Fixed high dose ICS/LABA plus SABA reliever (with specialist advice only)
- Fixed high dose single inhaler triple therapy (ICS/LABA/LAMA) plus SABA reliever (with specialist advice only)

Biologics in Severe Asthma

- Biologics are specialised injectable medicines that target a specific part of the immune system that causes airway inflammation.
- Examples include mepolizumab, dupilumab and tezepelumab.
- They can transform asthma control in severe asthma.
- Biologics aim to reduce exacerbations, reduce steroid burden and improve symptoms.
- Early and appropriate referral of patients with suspected severe asthma is important to ensure the right patients can access these life changing medicines without unnecessary delay.

Annual Reviews

- Annual reviews should be face to face
- Complete the Asthma Control Test as part of the review
- Check and demonstrate inhaler technique. Correct inhaler technique videos can be found at How to use your inhaler | Asthma + Lung UK
- Check adherence to preventer therapy through questioning and collection frequency
- Check SABA use through questioning and collection frequency. Consider using the Online Asthma Slide Rule | Primary Care Respiratory Society
- Discuss stepping down treatment to the lowest effective preventative dose/regimen if well controlled for 3+ months. Never step down to SABA monotherapy
- Revisit AIR/MART approaches if not currently used especially if asthma is uncontrolled. See Previously established treatment regimens – Guidance to support changing inhaled therapy in uncontrolled asthma
- Identify triggers and offer advice for trigger management
- Provide a personalised asthma action plan relevant to the treatment regime. See Personalised Asthma Action Plans (PAAPs) and Self-Management
- Offer education and self-management advice. See Personalised Asthma Action Plans (PAAPs) and Self-Management
- Check if appropriate annual winter vaccines have been given
- Offer smoking cessation advice

Glossary of Terms and Abbreviations

AIR	Anti-inflammatory reliever
BD	Twice daily
BEC	Blood eosinophil count
BTS	British Thoracic Society
DPI	Dry powder inhaler
ED	Emergency Department
FeNO	Fractional Exhaled Nitric Oxide
ICS	Inhaled corticosteroid
LABA	Long-acting beta 2 agonist
LAMA	Long-acting muscarinic antagonist
MART	Maintenance and Reliever Therapy
NICE	National Institute for Heath and Care Excellence
OCS	Oral corticosteroid
OD	Daily
ON	At night
PAAP	Personalised asthma action plan
pMDI	Pressurised metered dose inhaler
PRN	When required
SABA	Short acting beta 2 agonist
SIGN	Scottish Intercollegiate Guidelines Network

Support for Tobacco Dependence and Smoking Cessation

NHS Yorkshire Smokefree service Barnsley

NHS Yorkshire Smokefree service Doncaster

Rotherham Healthwave
Helping boost health and wellness

Smokefree Sheffield

Table of Inhaler Drug Constituents and Prices *(as of Dec 2025)*

Inhaler Name	Device Type	Drug Constituents	Doses per device	Price	In use shelf life
Easyhaler Budesonide 100	DPI	Budesonide 100mcg	200	£8.86	6 months
Easyhaler Budesonide 200	DPI	Budesonide 200mcg	200	£17.71	6 months
Easyhaler Salbutamol 100	DPI	Salbutamol 100mcg	200	£3.31	6 months
Fobumix Easyhaler 80/4.5	DPI	Budesonide 80mcg/Formoterol 4.5mcg (delivered dose)	120	£21.50	4 months
Fobumix Easyhaler 160/4.5	DPI	Budesonide 160mcg/Formoterol 4.5mcg (delivered dose)	120	£10.75	4 months
Fobumix Easyhaler 320/9	DPI	Budesonide 320mcg/Formoterol 9mcg (delivered dose)	60	£21.50	4 months
Fostair NEXThaler 100/6	DPI	Beclometasone (extra fine) 100mcg/Formoterol 100mcg	120	£29.32	6 months
Fostair pMDI 100/6*	pMDI	Beclometasone (extra fine) 100mcg/Formoterol 100mcg	120	£29.32	3 months
Proxor pMDI 100/6*	pMDI	Beclometasone (extra fine) 100mcg/Formoterol 100mcg	120	£9.90	3 months
Pulmicort Turbohaler 100	DPI	Budesonide 100mcg	200	£14.25	Expiry date
Relvar Ellipta 92/22	DPI	Fluticasone furoate 92mcg/vilanterol 22mcg	30	£22.00	6 weeks
Salamol 100 pMDI	pMDI	Salbutamol 100mcg	200	£1.46	Expiry date
Soprobec 100mcg	pMDI	Beclometasone 100mcg	200	£5.57	Expiry date
Soprobec 200mcg	pMDI	Beclometasone 200mcg	200	£12.15	Expiry date
Symbicort Turbohaler 100/6	DPI	Budesonide 100mcg/Formoterol 6mcg (metered dose)	120	£28.00	Expiry date
Symbicort Turbohaler 200/6	DPI	Budesonide 200mcg/Formoterol 6mcg (metered dose)	120	£28.00	Expiry date
Trimbow pMDI 87/5/9	pMDI	Beclometasone 87mcg/formoterol 5mcg/glycopyrronium 9mcg (delivered dose)	120	£44.50	4 months
Trimbow NEXThaler 88/5/9	DPI	Beclometasone 88mcg/formoterol 5mcg/glycopyrronium 9mcg (delivered dose)	120	£44.50	6 weeks

* please see NHS South Yorkshire ICB Position Statement - Prescribing of Beclometasone/Formoterol Combination pMDIs

Supplementary Notes

Off label inhaler use denoted by this symbol ▲

This guideline supports the off-label use of some licensed inhaler preparations in line with NICE/BTS/SIGN Asthma: diagnosis, monitoring and chronic asthma management guideline 2024.
Off label use highlighted in this guideline is:
Fostair NEXThaler 100/6 and Proxor pMDI 100/6 used as AIR (anti-inflammatory reliever therapy)
Fostair NEXThaler 100/6 and Proxor pMDI 100/6 used as moderate dose MART (maintenance and reliever therapy)
Trimbow NEXThaler 88/5/9 as fixed dose triple therapy.

Clinicians are reminded that wherever possible a product which has the appropriate licence should be prescribed. Off-label prescribing has been included in this guideline for situations where an alternative device for a particular regime is needed. The risks and liability of prescribing off-label remains with the individual clinician.

There are professional risks and responsibilities which come with the prescribing of a medicine off-label:
- Increased liability: If harm occurs, the prescriber may be held medically and legally responsible.
- Burden of justification: Must have a clear, evidence-based rationale.
- Need for documentation: Comprehensive clinical notes and patient discussion records are vital.
- Accountability: The prescriber assumes greater responsibility for patient outcomes.

How Does Off-Label prescribing Impact the Patient?

Risks:
- Uncertainty: Off-label uses may not have the same level of safety or efficacy data.
- Informed consent is crucial: Patients need to be aware of the off-label nature of the treatment.

Benefits:
- Access to treatment: Especially in rare conditions, pediatrics, palliative care, or mental health.
- Innovation in care: Allows for clinician judgment in complex or unique cases.

When is it Appropriate to Prescribe Off-Label?

- No licensed alternative meets the patient's needs.
- Use is supported by evidence or clinical guidelines.
- Patient has not responded to licensed treatments.
- Common practice in a specialty.
- Benefits outweigh risks and are clearly communicated.