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# BRINGING CLINICIANS TOGETHER TO DISCUSS CURRENT DRUG THERAPY

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The following succinct analysis appeared in *Pharmacist's Letter*. Based on vol. 35. No. 7

## *ASTHMA*

You'll start to see formoterol/inhaled corticosteroid combos (Symbicort, Dulera) used AS NEEDED for some adults with MILD asthma.

For years, we've seen albuterol used PRN for many mild asthma patients with symptoms twice per week or less...and a daily low-dose inhaled corticosteroid (ICS) added if symptoms occur nearly every day.

But over half of patients don't adhere to their inhaled steroid.

Now guidelines suggest PRN use of combos with the long-acting beta-agonist formoterol plus an inhaled steroid...as a middle ground.

This gives quick relief...since bronchodilation with formoterol happens within 5 minutes, similar to albuterol. Patients also get an inhaled steroid to treat inflammation...and just need one inhaler.

New evidence suggests using low-dose formoterol/budesonide (*Symbicort*) PRN avoids a severe exacerbation in about 1 in 16 adults with mild asthma per year versus albuterol alone. But this is mostly due to needing fewer steroid bursts...hospitalizations and ED visits are rare.

Patients also don't seem to have more exacerbations using this combo PRN than a daily low-dose inhaled steroid...at half the steroid exposure.

The obvious downside is cost. Formoterol/ICS combos run about $300 and may not be preferred by payers now that *Advair Diskus* is generic. Generic albuterol costs about $35...inhaled steroids $175 or more.

And for now, only *Symbicort* or *Dulera* (formoterol/mometasone) is an option. ICS combos with salmeterol (*Advair*, etc) or vilanterol (*Breo*) may not work fast enough...bronchodilation takes 15 to 30 minutes or more.

Despite the drawbacks, expect changes in how mild asthma is managed in ADULTS. There's not much evidence in patients under 18.

When cost isn't a barrier, lean toward a PRN low-dose formoterol/ICS combo as the "rescue" inhaler...INSTEAD of PRN albuterol.

Or suggest switching from a daily low-dose inhaled steroid to PRN formoterol/ICS...especially if patients aren't adherent to the steroid.

In general, educate to use formoterol/ICS similar to albuterol for mild asthma...such as 2 puffs every 4 to 6 hours PRN symptoms.

But most patients with mild asthma shouldn't need it more than twice a day. If they do regularly, advise stepping up to scheduled BID use.

Explain labeling and patient handouts may take time to catch up.

Dig in to our toolbox, *Improving Asthma Care*, for other strategies to prevent exacerbations...and how to treat asthma in kids.

*(For more on this topic, see Clinical Resource #350702 at PharmacistsLetter.com.)*

*Primary Reference – Beasley R, Holliday M, Reddel HK, et al. Controlled trial of budesonide-formoterol as needed for mild asthma. N Engl J Med 2019;380:2020-30.*

See LEADER NOTES for answers to discussion questions.

# DISCUSSION QUESTIONS

## OVERVIEW OF CURRENT THERAPY

1. **What is known about treating mild asthma?**

## ANALYSIS OF NEW GUIDELINE

2. **What type of study was this? How were the patients selected for inclusion?**

3. **How were the trial groups defined?**

4. **How were the outcomes evaluated?**

See LEADER NOTES for answers to discussion questions.

5. **What were the outcomes of this trial?**

6. **What were the strengths and weaknesses of this trial?**

7. **Were the results expressed in terms we care about and can use?**

## HOW SHOULD THE NEW GUIDELINES CHANGE CURRENT THERAPY?

8. **Do the results change your practice?**

## APPLY THE NEW FINDINGS TO THE FOLLOWING CASE

SD is a 28-year-old female smoker with a past medical history of mild asthma who complains of having an intermittent cough for the past few weeks. The cough is non-productive and

See LEADER NOTES for answers to discussion questions.

sometimes associated with wheezing and chest tightness. She uses an albuterol MDI once or twice a week for these symptoms, which provides temporary relief. She also has perennial allergic rhinitis, and takes oral cetirizine and intranasal fluticasone daily.

**9. What are new treatment options for adults with mild asthma?**

Based on the new GINA guidelines, you decide to switch SD to PRN formoterol/budesonide (*Symbicort*), as it's covered under her health insurance plan with a reasonable co-pay. You instruct her to use 2 puffs with symptoms, and to let you know if she regularly needs to use the inhaler more than twice a day.

Since it has been quite some time since you last saw SD in clinic, you decide she may benefit from asthma education. You measure her peak flow and develop an asthma action plan.

**10. What are important self-management tips for adults with mild asthma?**

After discussing self-management tips, you probe further about smoking cessation. SD tells you she is smoking 8-10 cigarettes a day, and would like help trying to quit.

**11. What might you suggest to help SD with smoking cessation?**

See LEADER NOTES for answers to discussion questions.

## REFERENCES

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*O'Byrne PM, FitzGerald JM, Bateman ED, et al. Inhaled combined budesonide-formoterol as needed in mild asthma. N Engl J Med 2018;378:1865-76.*

***Additional Pharmacist's Letter Resources available at PharmacistsLetter.com***
*Toolbox, Improving Asthma Care. Pharmacist's Letter/Prescriber's Letter. June 2019.*
*Chart, Inhaled Medications for COPD. Pharmacist's Letter/Prescriber's Letter. April 2019.*
*Chart, Inhaled Corticosteroid Dose Comparison in Asthma. Pharmacist's Letter/Prescriber's Letter. March 2019.*
*Chart, Biologics for Asthma. Pharmacist's Letter/Prescriber's Letter. March 2019.*
*Chart, Smoking Cessation Drug Therapy. Pharmacist's Letter/Prescriber's Letter. February 2019.*
*Toolbox, Preventing and Treating Community-Acquired Pneumonia. Pharmacist's Letter/Prescriber's Letter. January 2019.*
*Chart, Correct Use of Inhalers. Pharmacist's Letter/Prescriber's Letter. June 2018.*
*Toolbox, Medication Adherence Strategies. Pharmacist's Letter/Prescriber's Letter. March 2018.*
*Toolbox, Improving COPD Care. Pharmacist's Letter/Prescriber's Letter. January 2018.*
*Toolbox, Smoking Cessation: Helping Patients Who Use Tobacco. Pharmacist's Letter/Prescriber's Letter. October 2017.*



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