

Asthma Management in Ages ≥12 Years

Based on the 2026 Global Initiative for Asthma (GINA) Report

Asthma management is an individualized, continuous cycle of assessment, treatment/adjustment, and review

Assess

- Confirmation/evaluation of diagnosis, if necessary
- Symptom control & modifiable risk factors
- Comorbidities
- Patient goals & inhaler technique/adherence

Adjust

- Treat comorbidities & modifiable risk factors
- Utilize non-pharmacotherapy, if possible
- Add/adjust asthma medications
- Educate and train skills and proper use

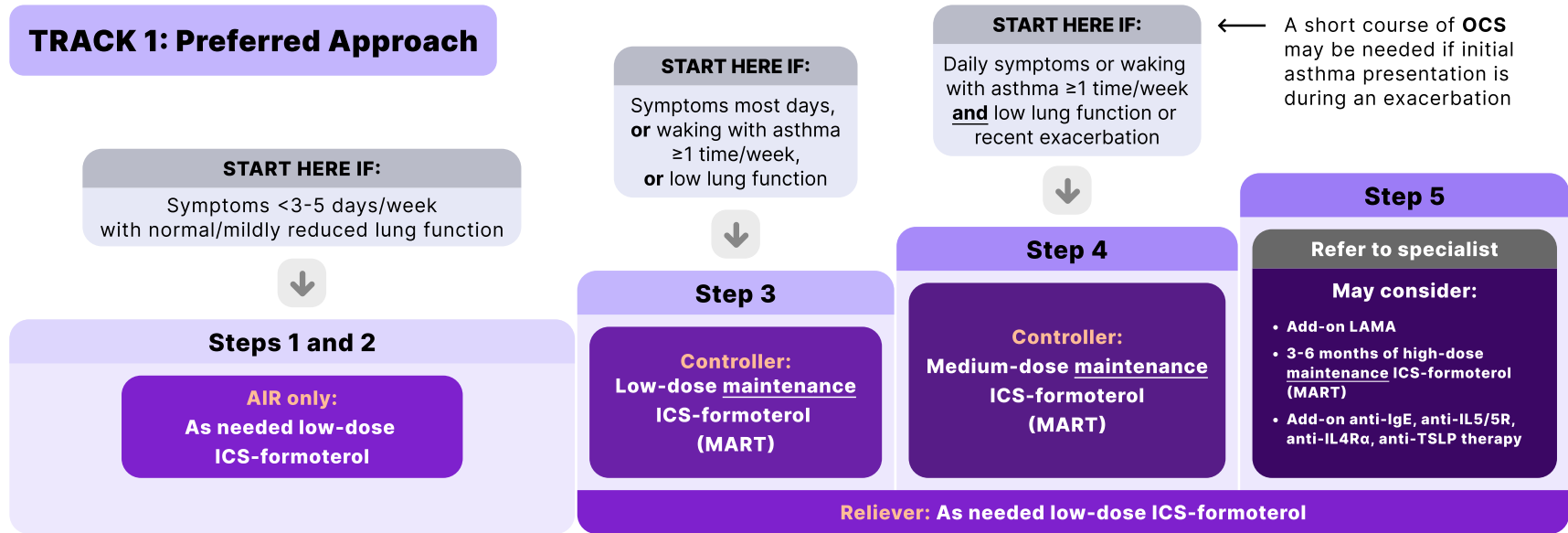
Review

- Symptoms, exacerbations, side effects
- Comorbidities, lung function
- Patient satisfaction, quality of life
- Consider biomarkers (adults & adolescents)

Repeat

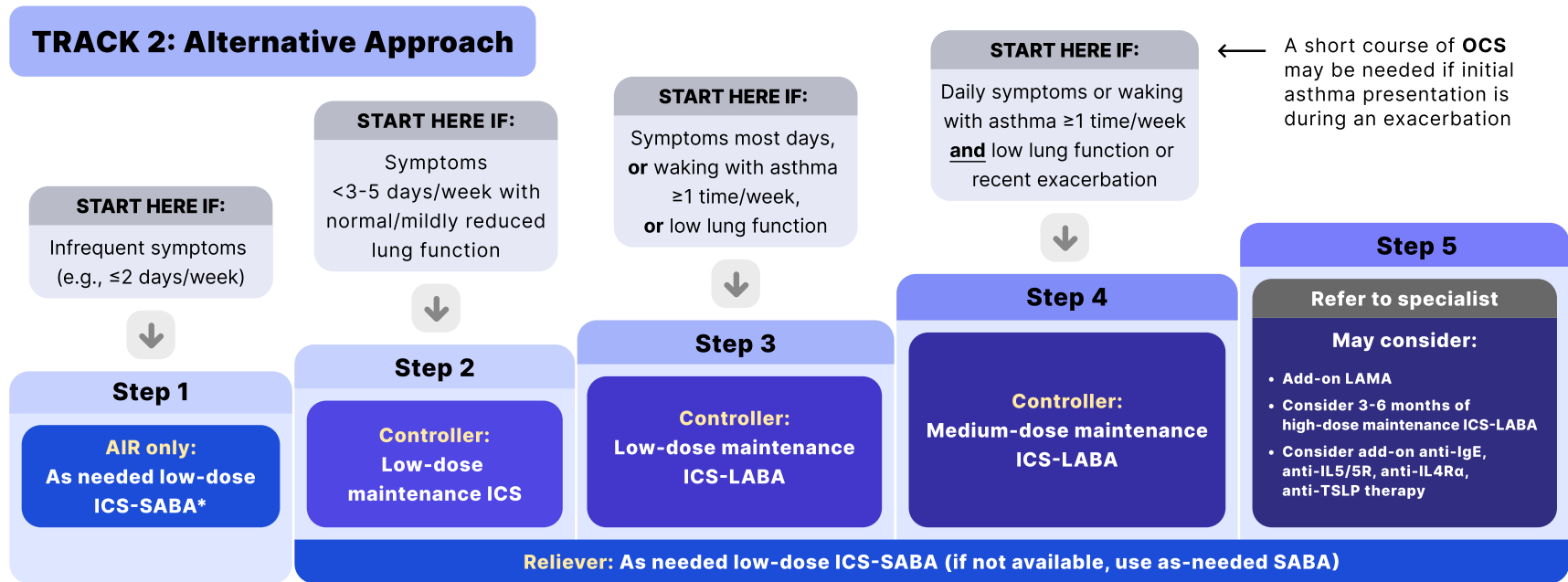
- Assess
- Adjust
- Review

TRACK 1: Preferred Approach



The alternative approach (Track 2) is reasonable when: Preferred approach (Track 1) is not possible, patient is stable on their current therapy (e.g., no exacerbation within the past year), or alternate approach is preferred by the patient.

TRACK 2: Alternative Approach



*If using separate inhalers, take ICS whenever SABA is taken.

Other Pharmacotherapy Options for either track

Note: Limited indications with less evidence for safety/efficacy; expert referral of patients with difficult-to-treat asthma should not be delayed by multiple different add-on trials.

Step 1 or 2	Step 3	Step 4	Step 5
• Add HDM SLIT* • LTRA^ • Low-dose ICS-LABA as the initial maintenance controller • Seasonal ICS if seasonal allergic asthma only; start at symptom onset & continue for 4 weeks after season ends	• Add HDM SLIT* • Medium-dose ICS (i.e., ↑ from low-dose ICS) • Add LTRA or SR theophylline to low-dose ICS-containing regimen	• Add LAMA to low-dose ICS-LABA or low-/medium-dose ICS • Add HDM SLIT* • Add LTRA or SR theophylline to medium-/high-dose ICS	• Add azithromycin to high-dose ICS-LABA for adults • Add low-dose OCS (≤7.5 mg/day prednisone or equivalent; last-line for adults)

*SLIT may be considered for adults sensitized to house dust mites with suboptimal asthma control with ICS and FEV1 >70% predicted.

^When considering LTRA, advise patients/caregivers regarding the potential risk of neuropsychiatric adverse events.

AIR: anti-inflammatory reliever **HDM SLIT:** house dust mite sublingual immunotherapy **ICS:** inhaled corticosteroid **IgE:** immunoglobulin E **IL:** interleukin **LABA:** long-acting beta-2 agonist **LAMA:** long-acting muscarinic antagonist **LTRA:** leukotriene receptor antagonist **MART:** maintenance and reliever therapy **OCS:** oral corticosteroids **SABA:** short-acting beta-2 agonist **SR:** sustained-release **TSLP:** thymic stromal lymphopoietin



Based on the 2026 Global Initiative for Asthma (GINA) Report

Assess	Adjust	Review	Repeat
• Confirmation/evaluation of diagnosis, if necessary • Symptom control & modifiable risk factors • Comorbidities • Patient goals & inhaler technique/adherence	• Treat comorbidities & modifiable risk factors • Utilize non-pharmacotherapy, if possible • Add/adjust asthma medications • Educate and train skills and proper use	• Symptoms, exacerbations, side effects • Comorbidities, lung function • Patient satisfaction, quality of life • Consider biomarkers (adults & adolescents)	• Assess • Adjust • Review

