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

START HERE IF: Symptoms <3-5 days/week with normal/mildly reduced lung function

Steps 1 and 2

AIR only: As needed low-dose ICS-formoterol

START HERE IF: Symptoms most days, **or** waking with asthma ≥1 time/week, **or** low lung function

Step 3

Controller: Low-dose maintenance ICS-formoterol (MART)

START HERE IF: Daily symptoms or waking with asthma ≥1 time/week **and** low lung function or recent exacerbation

⟵ A short course of **OCS** may be needed if initial asthma presentation is during an exacerbation

Step 4

Controller: Medium-dose maintenance ICS-formoterol (MART)

Step 5

Refer to specialist

May consider:
- Add-on LAMA
- 3-6 months of high-dose maintenance ICS-formoterol (MART)
- Add-on anti-IgE, anti-IL5/5R, anti-IL4Rα, anti-TSLP therapy

Reliever: As needed low-dose ICS-formoterol

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

START HERE IF: Infrequent symptoms (e.g., ≤2 days/week)

Step 1

AIR only: As needed low-dose ICS-SABA*

START HERE IF: Symptoms <3-5 days/week with normal/mildly reduced lung function

Step 2

Controller: Low-dose maintenance ICS

START HERE IF: Symptoms most days, **or** waking with asthma ≥1 time/week, **or** low lung function

Step 3

Controller: Low-dose maintenance ICS-LABA

START HERE IF: Daily symptoms or waking with asthma ≥1 time/week **and** low lung function or recent exacerbation

⟵ A short course of **OCS** may be needed if initial asthma presentation is during an exacerbation

Step 4

Controller: Medium-dose maintenance ICS-LABA

Step 5

Refer to specialist

May consider:
- Add-on LAMA
- Consider 3-6 months of high-dose maintenance ICS-LABA
- Consider add-on anti-IgE, anti-IL5/5R, anti-IL4Rα, anti-TSLP therapy

Reliever: As needed low-dose ICS-SABA (if not available, use as-needed SABA)

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

**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

References available at pyrls.com

Last Updated: 5/2026

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More clinical pearls at pyrls.com

Asthma Management in Ages ≤11 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

Ages 6 to 11 Years

START HERE IF: Symptoms ≤2 days/week

Step 1

AIR only: As needed low-dose ICS-formoterol or low-dose ICS-SABA*

START HERE IF: Symptoms 3-4 days/week

Step 2

Controller: Daily low-dose ICS

Other controller options: PRN-only low-dose ICS-formoterol, **or** PRN-only low-dose ICS-SABA*, **or** LTRA^

Reliever: As needed low-dose ICS-SABA or SABA

START HERE IF: Symptoms most days, **or** waking with asthma ≥1 time/week, **or** low lung function

Step 3

Controller: Medium-dose ICS or low-dose ICS-LABA, **or** low-dose ICS-formoterol† (for MART)

Other controller options: Low-dose ICS + LTRA^

START HERE IF: Daily symptoms or waking with asthma ≥1 time/week, **and** low lung function or recent exacerbation

← A short course of **OCS** may be needed if initial asthma presentation is during an exacerbation

Step 4

Controller: Medium-dose ICS-LABA, **or** low-dose ICS-formoterol† (for MART), **or** refer for expert consultation

Other controller options: Add tiotropium or add LTRA^ (to preferred Step 3's controller)

Step 5

Refer to specialist

May consider: Higher-dose ICS-LABA **or** add-on therapy (e.g., LAMA, anti-IgE, anti-IL5, anti-IL4Rα)

Reliever: As needed low-dose ICS-SABA or SABA, **or** as needed low-dose ICS-formoterol (for MART)

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

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

†Maintenance ICS dose for Step 4 MART is double the Step 3 MART ICS dose, but is still considered a "low" daily ICS dose.

Ages ≤5 Years

***Note:** Young children can have limited dexterity and coordination. Because of this, spacers are especially important for patients in this age group who are prescribed pMDIs.*

CONSIDER THIS STEP IF: Infrequent acute wheezing (e.g., viral) and no or minimal interval symptoms

Step 1

Not enough evidence for daily controller

Consider intermittent short ICS course at onset of viral illness

CONSIDER THIS STEP IF: Asthma symptoms are not well-controlled (≥1 of the following):
- Daytime asthma symptoms ≥2 times/week
- Asthma-related night waking or night coughing
- SABA reliever needed ≥2 times/week
- Activity limitations due to asthma

OR

≥1 severe exacerbation in the past year

Step 2

Controller: Daily low-dose ICS

Other controller options: Daily LTRA* or intermittent short course of ICS at onset of respiratory illness

Before stepping up, check for alternate symptom causes, proper inhaler use, adherence, and risk factors (e.g., allergens)

CONSIDER THIS STEP IF:

Asthma symptoms not well controlled on low-dose ICS (Step 2)

Asthma not well controlled on doubled dose of initial low-dose ICS (Step 3)

Step 3

Controller: Double the dose of ICS from prior Step

Consider expert assessment

Step 4

Refer to specialist

Continue controller

Best treatment not established; May consider add-on LAMA, add-on LTRA, or ICS-LABA

Reliever: As needed SABA

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

ICS: inhaled corticosteroid **LABA:** long-acting beta-2 agonist **LAMA:** long-acting muscarinic antagonist **LTRA:** leukotriene receptor antagonist
MART: maintenance and reliever therapy **OCS:** oral corticosteroids **pMDI:** pressurized metered-dose inhaler **SABA:** short-acting beta-2 agonist

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References available at pyrls.com

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