

Maintenance and Reliever Therapy (MART) Regimens



with Symbicort[®]/ Duoresp[®]Spiromax[®]/Bibecfo[®]

- Maintenance And Reliever Therapy (MART) is an asthma treatment regimen in which a single ICS-Formoterol inhaler is used every day for maintenance doses and
 in addition to 'as needed' for relief of asthma symptoms (reliever doses). Consider MART if uncontrolled symptoms, frequent reliever usage or poor adherence.
- Not all combination inhalers can be used for MART, there are a few inhalers containing an ICS (inhaled corticosteroids) in combination with formoterol that are licensed for use in a MART regimen. High dose ICS combination inhalers are not licensed for MART regimens.
- Formoterol is a fasting acting bronchodilator with a long-acting effect (LABA) and removes the need for a separate reliever inhaler (Salbutamol). MART inhalers can be used to manage an asthma attack and patients should be given a <u>MART specific action plan</u> which contains appropriate advice on how to manage an attack. A digital version of the Asthma and Lung MART action plan can be downloaded <u>here</u> for editing. Other languages versions can be downloaded from <u>here</u>.
- Patients using excessive doses of MART therapy outside of an acute exacerbation or regularly using reliever doses should be advised to seek medical advice and treatment review.
- Stop SABA inhaler on repeat; some people using MART may retain a SABA inhaler for emergency use however usage and requests should be infrequent.

Approved MART Regimen	Symbicort® Turbohaler (FIRST CHOICE)		DuoResp Spiromax [®]	Bibecfo [®] pMDI (use with spacer)
Device Type + Ingredients	Dry Powder Inhaler Budesonide/formoterol 100/6 mcg or Budesonide/formoterol 200/6mcg		Dry Powder Inhaler Budesonide/fomoterol 160/4.5 mcg (equivalent to Symbicort 200/6)	pMDI Beclometasone/formoterol 100/6 mcg
Licensed Age	12 years and over		12 years and over	18 years and over
Maintenance dose	From Step 1: 100/6 strength 1 dose BD or 2 doses OD	200/6 strength 1-2 dose(s) BD or 2 doses OD	From Step 2: 1-2 dose(s) BD or 2 doses OD	From Step 2: 1 puff BD only
As required dose	1 puff as required, if symptoms persist an additional puff can be taken. No more than 6 puffs on any single occasion		1 puff as required, if symptoms persist an additional puff can be taken. No more than 6 puffs on any single occasion.	1 additional puff as needed. If symptoms persist an additional puff can be taken.
Maximum number of puffs in 24 hours	Normally 8 puffs in 24 hours. 12 puffs in 24 hours for a limited period		Normally 8 puffs in 24 hours 12 puffs in 24 hours for a limited period	8 puffs in 24 hours
Education Resources for patients and HCPs	Symbicort Patient Information Leaflet My Symbicort®Asthma Action Plan (editable) Asthma and Lung UK Video – how to use a Turbohaler Symbicort MART Information for HCPs		Asthma + Lung UK Video – how to use a Spiromax inhaler Asthma + Lung UK MART action plan (editable)	Asthma and Lung UK Video – how to use a pMDI inhaler How to use a spacer with single breath + hold How to use a spacer with tidal breathing Asthma + Lung UK MART action plan (editable)



General Considerations:

- When switching patients to a MART regimen the total regular dose of ICS should not be decreased.
- Good education of patients is required to ensure they understand the same inhaler is used for maintenance and reliever therapy, and that a separate SABA inhaler is not needed routinely. Resource links are provided in the table above.
- Ensure the correct amount is prescribed as patient will be using the inhaler as maintenance and relief i.e. 4 inhalers every 3 months max.
- When reviewing patients on MART regimens the frequency of reliever doses over the previous 4 weeks should form part of the assessment of therapy as this will inform whether maintenance treatment needs to be adjusted or suitability for MART reviewed.
- MART is not appropriate for patients with diagnoses of conditions other than asthma e.g. COPD.

Version	1.1 Updated to reflect change in preferred pMDI MART regimen from Luforbec [®] to Bibecfo. [®] . Changes made to improve layout and include resource links and add some additional information to support patients and HCPs at the same time.			
Developed by	HWE ICB PMOT			
Approved by	HWE APC			
Date				
approved/updated				
Review date:	The recommendation is based upon the evidence available at the time of publication. This recommendation will be reviewed upon request in			
	the light of new evidence becoming available.			
Superseded version	1.0 Harmonisation of Hertfordshire Medicines Management Committee (HMMC) guidance and West Essex Medicines Optimisation Programme			
	Board (WEMOPB) guidance updates include:			
	 Rebadging with HWE ICB and removal of WECCG header 			
	Review date removed and replaced with standard statement.			