GINA Guidelines Objectives in Asthma Management

- Reduce the risk of serious asthma related exacerbations and death\(^1\)
- Simplify and allow for consistent messaging about the aims of asthma treatment across the whole spectrum of asthma severity\(^2\)
- Avoid establishing a pattern of patient reliance on SABA early during the disease\(^2\)

Ref 2: Global Initiative for Asthma. Global Strategy for Asthma Management and Prevention, 2019
Why FORALIN/FORACORT should be your asthma management brand of choice

FORALIN/FORACORT contains

- Budesonide (ICS) - helps reduce inflammation in the lungs
- Formoterol (LABA) - the bronchodilator with peak onset of 1-4 mins lasting for up to 12 hrs\(^1\)

The quick onset of Formoterol allow it to be used as a RELIEVER

FORALIN/FORACORT used as Maintenance And Reliever Therapy will help you

- ✓ reduce the risk of serious asthma related exacerbations\(^2\)
- Simplify and allow for consistent messaging about the aims of asthma treatment across the whole spectrum of asthma severity\(^3\)
- Avoid establishing a pattern of patient reliance on SABA early in the course of the disease\(^3\)

Ref 1: RESPIRATORY MEDICINE (1998) 92, 1017-1021
GINA 2020 recommends formoterol / budesonide at every step of asthma management

By initiating FORALIN as reliever, you significantly reduce the risk of severe exacerbations – SYGMA Studies

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<th>PREFERRED CONTROLLER</th>
<th>Other controller options</th>
<th>PREFERRED RELIEVER</th>
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<tr>
<td><strong>STEP 1</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>As-needed low dose FORALIN (200-400)* or Daily low dose ICS</td>
<td>Low dose ICS taken whenever SABA is taken†</td>
<td>As-needed low dose FORALIN (200-400)*</td>
</tr>
<tr>
<td><strong>STEP 2</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>As-needed low dose FORALIN (200-400)* or Daily low dose ICS</td>
<td>LTRA, or low dose ICS taken whenever SABA is taken†</td>
<td>As-needed SABA</td>
</tr>
<tr>
<td><strong>STEP 3</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low dose FORALIN (200-400) (SMART or maintenance only)</td>
<td>Medium dose ICS, or low dose ICS+LTRA*</td>
<td>As-needed low dose FORALIN (200-400)*</td>
</tr>
<tr>
<td><strong>STEP 4</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low dose FORALIN (200-400) (SMART) or Medium dose FORALIN (&gt;400-800) (maintenance only)</td>
<td>High dose ICS, add-on tiotropium, or add-on LTRA*</td>
<td>As-needed low dose FORALIN (200-400)*</td>
</tr>
<tr>
<td><strong>STEP 5</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low dose FORALIN (200-400) (SMART) or High dose FORALIN (&gt;800) (maintenance only)</td>
<td>Add low dose OCS, but consider side-effects</td>
<td>As-needed SABA</td>
</tr>
</tbody>
</table>

All doses provided above are the TOTAL DAILY ICS dose in mcg.
* Data only with budesonide-formoterol (buc-form)
† Separate or combination ICS and SABA inhalers
‡ Low-dose ICS-form is the reliever for patients prescribed buc-form or BDP-form maintenance and reliever therapy
# Consider adding HDM SLIT for sensitized Patients with allergic rhinitis and FEV1<70% predicted
Maximum recommended total in one day is 72 mcg formoterol and 2400mcg Budesonide
SUGGESTED INITIAL CONTROLLER TREATMENT IN ADULTS AND ADOLESCENTS WITH A DIAGNOSIS OF ASTHMA

ASSETS
- Confirmation of diagnosis
- Symptom control & modifiable risk factors (including lung function)
- Comorbidities
- Inhaler technique & adherence
- Patient preferences and goals

START HERE IF:
- Symptoms less than twice a month
- Symptoms twice a month or more, but less than daily
- Symptoms most days, or waking with asthma once a week or more
- Symptoms most days, or waking with asthma once a week or more, and low lung function

STEP 1
- As-needed low dose FORALIN (200-400)*
- As-needed short-acting β₂-agonist (SABA)

STEP 2
- Daily low dose inhaled corticosteroid (ICS), or as-needed low dose FORALIN (200-400)*
- Low dose ICS taken whenever SABA is taken †

STEP 3
- Low dose FORALIN (200-400)
- Medium dose ICS, or low dose ICS+LTRA *
- High dose ICS, add-on tiotropium, or add-on LTRA *

STEP 4
- Medium dose FORALIN (>400-800)

STEP 5
- High dose FORALIN (>800)
- Refer for phenotypic assessment + add-on therapy, e.g. tiotropium, anti-IgE, anti-IL-5/5R, anti-IL4R
- Add low dose OCS, but consider side-effects

* Data only with budesonide-formoterol (bud-form)
† Separate or combination ICS and SABA inhalers
‡ As-needed low dose for patients prescribed maintenance and reliever therapy

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### Children 6-11 years

**Personalized asthma management:**
Assess, Adjust, Review

- **Symptoms**
- **Exacerbations**
- **Side-effects**
- **Lung function**
- **Child and parent satisfaction**

**Confirmation of diagnosis if necessary**
- Symptom control & modifiable risk factors (including lung function)
- Comorbidities
- Inhaler technique & adherence
- Child and parent preferences and goals

**TREATMENT OF MODIFIABLE RISK FACTORS & COMORBIDITIES**
- Non-pharmacological strategies
- Asthma medications: adjust down or up
- Education & skills training

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**Asthma medication options:**
Adjust treatment up and down for individual child’s needs

#### PREFERRED CONTROLLER
- **STEP 1**
  - **Low dose ICS** taken whenever SABA taken

- **STEP 2**
  - **Daily low dose inhaled corticosteroid (ICS)**
    - (see table of ICS dose ranges for children)
  - **Consider daily low dose ICS**
  - **Daily leukotriene receptor antagonist (LTRA), or low dose ICS taken whenever SABA taken**

- **STEP 3**
  - **Low dose ICS-LABA, OR medium dose ICS, OR very low dose ICS-formoterol maintenance and reliever therapy (MART)**
  - **Low dose ICS + LTRA**
  - **Add tiotropium or add LTRA**

- **STEP 4**
  - **Medium dose ICS-LABA, OR low dose ICS-formoterol maintenance and reliever therapy (MART)**
  - Refer for expert advice

- **STEP 5**
  - Refer for phenotypic assessment
  - ± higher dose ICS-LABA or add-on therapy, e.g. anti-IgE

**RELIEVER**
- **As-needed short-acting beta2-agonist** (or ICS-formoterol reliever for MART as above)

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*Very low dose: BUD-FORM 100/6 mcg
†Low dose: BUD-FORM 200/6 mcg (metered doses)
The simplified Asthma management as per GINA 2020 can be met with

FORACORT/FORALIN

Start with as needed

FORACORT/FORALIN for MILD asthma and for Maintenance And Reliever Therapy for stage 3 – 5 asthma patients

✓ Choose SMART
✓ Choose FORACORT/FORALIN
Dose Indicator benefit

foralin inhaler

120 metered doses

Cipla

Caring For Life
Dose Indicator benefit

Foracort inhaler
- 100
- 200
- 400

120 metered doses

Caring For Life
Why Foralin/Foracort?

- pMDIs are the Gold standard in Asthma management with a long history of use and most prescribed method of aerosol delivery.

- Foralin/Foracort can be used with a spacer.

- Smooth transition from SABA to Foralin/Foracort (As both are pMDIs).

- Does not require high inspiratory flow for optimal delivery of the drug.

- The degree of drug delivery is not reduced in the presence of humidity.

Caring For Life
ICS/LABA In Zimbabwe

In Asthma and COPD

Serocort Inhaler
Salmeterol 25 mcg + Fluticasone propionate 250 mcg/dose

Synergy to celebrate life
Box 3-5A

Adults & adolescents 12+ years

Personalized asthma management:
Assess, Adjust, Review response

Asthma medication options:
Adjust treatment up and down for individual patient needs

STEP 1
Prefered controller
To prevent exacerbations and control symptoms

As-needed low dose ICS-formoterol *

Other controller options

STEP 2
Daily low dose inhaled corticosteroid (ICS), or as-needed low dose ICS-formoterol *

Low dose ICS taken whenever SABA is taken †

Daily leukotriene receptor antagonist (LTRA), or low dose ICS taken whenever SABA taken †

STEP 3
Low dose ICS-LABA

Medium dose ICS, or low dose ICS+LTRA ‡

High dose ICS, add-on tiotropium, or add-on LTRA ‡

STEP 4
Medium dose ICS-LABA

Refer for phenotypic assessment ± add-on therapy, e.g. tiotropium, anti-IgE, anti-IL5/5R, anti-IL4R

STEP 5
High dose ICS-LABA

Add low dose OCS, but consider side-effects

As-needed short-acting β₂-agonist (SABA)

* Data only with budesonide-formoterol (bud-form)
† Separate or combination ICS and SABA inhalers
‡ Low-dose ICS-form is the reliever only for patients prescribed bud-form or BDP-form maintenance and reliever therapy
≥ Consider adding HDM SLIT for sensitized patients with allergic rhinitis and FEV₁ <70% predicted

Confirmation of diagnosis if necessary
Symptom control & modifiable risk factors (including lung function)
Comorbidities
Inhaler technique & adherence
Patient preferences and goals
**Children 6-11 years**

**Personalized asthma management:**
Assess, Adjust, Review

- Symptoms
- Exacerbations
- Side-effects
- Lung function
- Child and parent satisfaction

**Treatment of modifiable risk factors & comorbidities**
- Non-pharmacological strategies
- Asthma medications (adjust down or up)
- Education & skills training

**Confirmation of diagnosis if necessary**
- Symptom control & modifiable risk factors (including lung function)
- Comorbidities
- Inhaler technique & adherence
- Child and parent preferences and goals

---

**Asthma medication options:**
Adjust treatment up and down for individual child’s needs

**PREFERRED CONTROLLER**
to prevent exacerbations and control symptoms

<table>
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<td><em><em>Low dose ICS-LABA, OR medium dose ICS, OR very low dose</em> ICS-formoterol maintenance and reliever therapy (MART). Refer for expert advice</em>*</td>
<td><em><em>Medium dose ICS-LABA, OR low dose</em> ICS-formoterol maintenance and reliever therapy (MART). Refer for expert advice</em>*</td>
<td><strong>Refer for phenotypic assessment ± higher dose ICS-LABA or add-on therapy, e.g. anti-IgE</strong></td>
</tr>
</tbody>
</table>

**Other controller options**

- Consider daily low dose ICS
- Daily leukotriene receptor antagonist (LTRA), or low dose ICS taken whenever SABA taken
- Low dose ICS + LTRA
- Add tiotropium or add LTRA
- Add-on anti-IL5, or add-on low dose OCS, but consider side-effects

**RELIEVER**

- As-needed short-acting beta2-agonist (or ICS-formoterol reliever for MART as above)

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*Very low dose: BUD-FORM 100/6 mcg
**Low dose: BUD-FORM 200/6 mcg (metered doses)*
Serocort Inhaler

Synergy to manage severe COPD

GLOBAL STRATEGY FOR DIAGNOSIS, MANAGEMENT AND PREVENTION OF COPD

Manage Stable COPD: Pharmacologic Therapy

Recommended first choice

<table>
<thead>
<tr>
<th>Group C</th>
<th>Group D</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAMA</td>
<td>LAMA or LAMA + LABA* or ICS + LABA**</td>
</tr>
</tbody>
</table>

*Consider if highly symptomatic (e.g. CAT > 20)
**Consider if eos ≥ 300

<table>
<thead>
<tr>
<th>Group A</th>
<th>Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Bronchodilator</td>
<td>A Long Acting Bronchodilator (LABA or LAMA)</td>
</tr>
</tbody>
</table>

≥ 2 moderate exacerbations or ≥ 1 leading to hospitalization

0 or 1 moderate exacerbations (not leading to hospital admission)
# Serocort Inhaler

## Dosage

<table>
<thead>
<tr>
<th>Product</th>
<th>Dose of Fluticasone</th>
<th>Dose of Salmeterol</th>
<th>Pack size</th>
<th>Recommended dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serocort 250 Inhaler</td>
<td>250 µg</td>
<td>25 µg</td>
<td>120 metered doses</td>
<td>2 inhalations, twice daily</td>
</tr>
</tbody>
</table>

*For Maintenance:* Should be used regularly for optimum benefit even in the absence of symptoms.

*Recommended Age:* 4 years and above
Serocort synchro breathe SB
Simply Breathe

Novel
SB = Easy for all

clever. simple. intuitive.

Cipla

Serocort 250 synchro breathe SB
Salmeterol and Fluticasone Propionate Inhaler
Breath-Actuated Inhaler with dose indicator
120 metered doses

Serocort 125 synchro breathe SB
Salmeterol and Fluticasone Propionate Inhaler
Breath-Actuated Inhaler with dose indicator
120 metered doses
Serocort Synchrobreathe contains the combination of salmeterol and fluticasone propionate, in a new breath-actuated device.

Synchrobreathe (SB) is an innovative, new breath-actuated, pressurized metered dose inhaler (BAI) patented by Cipla which brings important advantages for physicians and patients.
Characteristics of BAI

- Easy to use
- Consistent therapeutic effect
- Helps improve asthma control
- Patient preference
Overcome the barrier of ‘need for coordination’

BAI eliminates the press and breathe coordination needed with conventional pMDIs in both inexperienced and experienced subjects [2]

> With BAI: No coordination required

85% of novice subjects and 90% of experienced pMDI users preferred the BAI over the pMDI [2]

BAI eliminates the coordination challenge of actuation with inspiration [4]

BAI is easy to use even for patients with poor conventional pMDI inhalation technique [4, 6, 11]

No need for a spacer
Overcome the barrier of ‘high inspiratory flow/force’

BAI requires a low inspiratory flow for actuation as compared with DPIs [7, 8]

> With BAI just breathe in

- Low inspiratory flow rate ranging from 20-35 L/min is required for actuation and optimum drug delivery [7, 8]

- Flow rates are easy to achieve regardless of patient age or disease severity [11]

- Consistent dose delivery across wide range of inspiratory flows [11]

- The low flow rates required to trigger a BAI means that patients with severe airflow obstruction can use these devices even when they may have insufficient inspiratory flow to use a DPI [2]

- A BAI is a valuable alternative to DPIs and spacer devices [4]
Overcome the barrier of ‘complex and difficult to learn instructions’
BAI inhaler is easy to use and teach \[^{7,13,14,15}\]

> With BAI it’s easy to teach, learn and remember

91% of patients with asthma (n = 6512) were able to complete all procedural steps required to correctly use a breath-actuated device without error after a training session of approximately 4 minutes \[^{18}\]

97% of patients with severe airway obstruction using a BAI were able to use the inhaler correctly on their first or second attempt \[^{19}\]

Using the Synchrobreathe consists of 3 simple steps* \[^{20}\]

1. Shake & open
2. Breathe
3. Close in upright position

*device to be held upright
**SB = Masterpiece: Technology & innovation**

**Important elements of Synchrobreathe inhaler**

- **Dome shape** of the top cap prevents storing the device upside down.
- **Small orifice** designed so that the Fine Particle Dose will be equivalent to a conventional pMDI.
- **Compressed spring** The collapsing of the engine mechanism causes this spring to 'force' the can downward to fire a dose.
- **Inhaler engine** provides synchronized, reproducible and reliable mechanism for ensuring that the device will trigger at low flow rate.
- **Integrated Dustcap** is attached to the device so it can't get lost and prepares the inhaler for the next dose after closing the cap.
- **Dose counter** advances only when a dose is inhaled and not by opening or closing the dust cap.

**synchrobreathe Simply Breathe**
Overcomes co-ordination required with pMDIs

Dose counter helps to know number of doses

Actuates at low inspiratory effort

Better than other inhaler, no need of spacers

Revolutionary device for most patients across age groups

Easy to use & carry
Thank you.