

## Quick Reliever Medicines

### Short-Acting Beta<sub>2</sub>-Agonists (SABA)

<b>Albuterol Sulfate HFA</b> albuterol sulfate 90 mcg <b>G</b> 	<b>Albuterol Sulfate Neb</b> 0.64 mg/3 ml; 1.25 mg/3 ml; 2.5 mg/3 ml 	<b>ProAir® Digihaler™</b> albuterol sulfate 117 mcg 	<b>ProAir® RespiClick</b> albuterol sulfate 117 mcg 	<b>Proventil® HFA</b> albuterol sulfate 120 mcg <b>G</b> 	<b>Ventolin® HFA</b> albuterol sulfate 90 mcg 	<b>Xopenex HFA®</b> levosalbutamol tartrate 50 mcg <b>G</b> 	<b>Xopenex® Neb</b> levosalbutamol hydrochloride 0.31 mg/3 ml; 0.63 mg/3 ml; 1.25 mg/3 ml <b>G</b> 
---	--	--	--	--	--	---	--

### Short-Acting Muscarinic Antagonists (SAMA)

<b>Atrovent® HFA</b> ipratropium bromide 17 mcg <b>C</b> 	<b>Atrovent® Neb</b> ipratropium bromide 250/500 mcg <b>G</b> 
--	---

### Short-Acting Combinations (SABA-SAMA)












<b>Combivent® Respimat®</b> ipratropium bromide and albuterol 20/100 mcg <b>C</b> 	<b>DuoNeb®</b> ipratropium bromide and albuterol sulfate 0.5 mg-3 mg/3 ml <b>G</b> 
---	--

## How-To Videos



## Maintenance/Controller Medicines

### Inhaled Corticosteroids (ICS) asthma only

<b>Alvesco® HFA</b> ciclesonide 80/160 mcg 	<b>ArmonAir™ RespiClick®</b> fluticasone propionate 55/113/232 mcg 	<b>Arnuity® Ellipta®</b> fluticasone furoate 100/200 mcg 	<b>Asmanex® HFA</b> mometasone furoate 100/200 mcg 	<b>Asmanex® Twisthaler®</b> mometasone furoate 110/220 mcg 	<b>Budesonide Inhalation Suspension</b> 0.25 mg/2 ml; 0.5 mg/2 ml; 1 mg/2 ml 	<b>Flovent® Diskus®</b> fluticasone propionate 50/100/250 mcg 	<b>Flovent® HFA</b> fluticasone propionate 44/110/220 mcg 	<b>Pulmicort® Flexhaler®</b> budesonide 90/180 mcg 	<b>Pulmicort Respules®</b> budesonide inhalation suspension 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml 	<b>QVAR® Redihaler™</b> beclomethasone dipropionate 40/80 mcg 
---	---	---	---	---	--	--	--	---	---	--

### Combination Therapy (Inhaled Corticosteroid - Long-Acting Beta<sub>2</sub>-Agonists) (ICS-LABA)

<b>Advair Diskus®</b> fluticasone propionate and salmeterol 100/50, 250/50, 500/50 mcg <b>G</b> 	<b>Advair® HFA</b> fluticasone propionate and salmeterol xinafoate 45/21, 115/21, 230/21 mcg 	<b>AirDuo® RespiClick®</b> fluticasone propionate and salmeterol 55/14, 113/14, 232/14 mcg <b>G</b> 	<b>Breo® Ellipta®</b> fluticasone and vilanterol 100/25, 200/25 mcg <b>G</b> 	<b>Symbicort®</b> budesonide and formoterol fumarate dihydrate 80/4.5, 160/4.5 mcg <b>G S</b> 	<b>Dulera®</b> mometasone furoate and formoterol fumarate dihydrate 50/5, 100/5, 200/5 mcg <b>A S</b> 	<b>Wixela™ Inhub™</b> fluticasone propionate and salmeterol xinafoate 100/50, 250/50, 500/50 mcg 
---	---	---	--	---	---	---

### Triple Therapy (ICS-LABA-LAMA)

<b>Trelegy Ellipta</b> fluticasone/vilanterol/umeclidinium 100/200 mcg 	<b>Breztri Aerosphere®</b> budesonide glycopyrrolate formoterol fumarate 160/9/4.8 mcg <b>C</b> 
---	---

### Long-Acting Muscarinic Antagonists (LAMA)

<b>Incruse® Ellipta®</b> umeclidinium 62.5 mcg <b>C</b> 	<b>Lonhala Magnair®</b> glycopyrrolate 25 mcg/1 ml <b>C</b> 	<b>Spiriva® HandiHaler®</b> tiotropium bromide 18 mcg 	<b>Spiriva® Respimat®</b> tiotropium bromide 1.25 mcg 	<b>Tudorza™ Pressair™</b> aclidinium bromide 400 mcg <b>C</b> 	<b>Yupelri® Neb</b> revelfenacin 175 mcg/3 ml <b>C</b> 
--	---	--	--	---	--

### Long-Acting Beta<sub>2</sub>-Agonists (LABA) COPD only

<b>Brovana® Neb</b> arformoterol 15 mcg 	<b>Perforomist® Neb</b> formoterol fumarate dihydrate 20 mcg 	<b>Serevent® Diskus®</b> salmeterol xinafoate 50 mcg 	<b>Striverdi® Respimat®</b> olodaterol hydrochloride 2.5 mcg 
--	---	---	---

### LAMA-LABA COPD only

<b>Anoro® Ellipta</b> umeclidinium and vilanterol 55/22, 62.5/25 mcg 	<b>Bevespi Aerosphere®</b> glycopyrrolate and formoterol 9/4.8 mcg 	<b>Duaklir® Pressair®</b> aclidinium and formoterol 400/12 mcg 	<b>Stiolto® Respimat®</b> olodaterol and tiotropium bromide 2.5/2.5 mcg 
---	---	---	--

## Add-On Medicines

### Monoclonal Antibody (biologics, injection) **A**

<b>Cinqair®</b> reslizumab 100 mg	<b>Dupixent®</b> dupilumab 100/200/300 mg	<b>Fasenra™</b> benralizumab 30 mg
<b>Nucala®</b> mepolizumab 100 mg	<b>Tezspire™</b> tezepelumab-ekko 210 mg	<b>Xolair®</b> omalizumab 75/150 mg

### PDE4 Inhibitor

<b>Daliresp®</b> roflumilast 250/500 mcg <b>C</b> 
---

### Leukotriene Receptor Antagonists (LTRA)

<b>Singulair®</b> montelukast sodium 4/5/10 mg	<b>Zyflo®</b> zileuton ER 600 mg 
--	--

## Use a valved holding chamber/spacer

All HFA inhalers should be used with a compatible valved holding chamber/spacer.



## Definitions

- ICS = Inhaled Corticosteroid
- ICS-LABA or LAMA-LABA = Combination Therapy
- ICS-LABA-LAMA = Triple Therapy
- LABA = Long-Acting Beta<sub>2</sub>-Agonist
- LAMA = Long-Acting Muscarinic Antagonist
- LTRA = Leukotriene Receptor Antagonist
- SABA = Short-Acting Beta<sub>2</sub>-Agonist
- SAMA = Short-Acting Muscarinic Antagonist
- SMART = Single Maintenance and Reliever Therapy

## SMART

**SMART (Single Maintenance And Reliever Therapy)** is a next-generation asthma treatment containing an ICS (inhaled corticosteroid) with formoterol (long-acting beta agonist) combined into one inhaler. SMART includes formoterol due to its ability to be fast-acting for rapid onset of asthma symptoms (similar to a short-acting beta agonist) with a longer lasting effect. This SMART treatment option may be prescribed to those with moderate to severe persistent asthma, as a daily controller medication (ICS/ formoterol) and/or to treat rapid onset of symptoms as a quick-relief medicine.

### Key Messages

- Less complicated to use (one single inhaler) for managing asthma symptoms and just as effective
- Used to treat symptoms when they start and also for daily maintenance
- Always recommend use of MDI with a valved holding chamber/spacer
- This treatment option is not available for everyone. If someone is already well controlled on current treatment, shared decision making is important before making changes.
- Rinse mouth and spit out after use
- Talk to your healthcare provider for more information

## Resources for Asthma and COPD

### • Asthma Care Quick Reference

[https://www.nhlbi.nih.gov/files/docs/guidelines/asthma\\_qrg.pdf](https://www.nhlbi.nih.gov/files/docs/guidelines/asthma_qrg.pdf)

### • GOLD Reports for COPD

[www.goldcopd.org](http://www.goldcopd.org)

### • American Lung Association

[www.lung.org/asthma](http://www.lung.org/asthma)    [www.lung.org/COPD](http://www.lung.org/COPD)

## How to use a metered-dose inhaler with a valved holding chamber (spacer)

**Prime a brand-new inhaler:** Before using it for the first time, if you have not used it for more than 7 days, or if it has been dropped.

	1. Shake inhaler 10 seconds.
	2. Take the cap off the inhaler and valved holding chamber. Make sure the mouthpiece and valved holding chamber are clean and there is nothing inside the mouthpieces.
	3. Put inhaler into the chamber/spacer.
	4. Breathe out away from the device.
	5. Put chamber mouthpiece in mouth.
	6. Press inhaler once and breathe in deep and steadily.
	7. Hold your breath for 10 seconds, then breathe out slowly.  If you need another puff of medicine, wait 1 minute and repeat steps 4-7.
	8. Rinse with water and spit it out.

Proper inhalation technique is important when taking your asthma medicine(s) and monitoring your breathing. Make sure to bring all your medicines and devices to each visit with your primary care provider or pharmacist to check for correct use, or if you have trouble using them.

For more videos, handouts, tutorials and resources, visit [Lung.org](http://Lung.org).

Scan the QR Code to access How-To Videos



You can also connect with a respiratory therapist for one-on-one, free support from the American Lung Association's Lung HelpLine at **1-800-LUNGUSA**.