

Age range	Indications	Medications	Dose	Frequency	Maximum total doses and/or duration	""Yellow Zone"" Asthma Action Plan"	As-needed SABA use?	Considerations
0-4 y.o.	"Mild Asthma (Step 1-2): With URI onset, or requiring repeated OCS courses: As-needed ICS course + PRN SABA"	Pulmicort (budesonide) respule	1 mg solution nebulized	2 times daily	7 days	if URI, 1 mg nebulized Budesonide 2 times daily for 7 days and PRN SABA	Yes	Conditional recommendation. NOT indicated if already taking daily maintenance ICS. Consider if caregivers prefer intermittent asthma therapy, and/or history of adherence issues.
5-11 y.o.	"Moderate to Severe Persistent Asthma (Step 3-4): Single Maintenance and Reliever Therapy (""SMART,"" or ""MART"")"	"Budesonide-formoterol, or Symbicort or Breyna 80 mcg/4.5 mcg, <b>OR</b> Dulera 50 mcg/5 mcg HFA"	1-2 puffs via spacer	1-2 times daily, AND as needed	up to 8 puffs/day, for up to 5 days	1 puff as needed for symptoms; OR 2 puffs 4 times daily for symptoms	No	Preferred treatment for Moderate to Severe Persistent Asthma, compared to high-dose ICS (or ICS/LABA) + PRN SABA. Consider asthma specialist consult if needing higher doses (Step 4+).
12+ y.o.	"Moderate to Severe Persistent Asthma (Step 3-4): Single Maintenance and Reliever Therapy (""SMART,"" or ""MART"")"	"Budesonide-formoterol, or Symbicort or Breyna 80 mcg/4.5 mcg, <b>OR</b> Dulera 50 mcg/5 mcg HFA"	1-2 puffs via spacer	1-2 times daily, AND as needed	up to 12 puffs/day, for up to 5 days	1 puff as needed for symptoms; OR 2 puffs every 4 hours (6 timesdaily) for symptoms	No	Preferred treatment for Moderate to Severe Persistent Asthma, compared to high-dose ICS (or ICS/LABA) + PRN SABA. Consider asthma specialist consult if needing higher doses (Step 4+).
	"Mild Persistent Asthma (Step 2): Intermittent SABA + ICS concomitantly"	"Flovent (fluticasone) 44 mcg, or Asmanex (mometasone) 100 mcg HFA"	2 puffs via spacer	every 4 hrs based on symptoms		4 puffs Albuterol, then 2 puffs ICS, every 4 hrs, based on symptoms	Yes	Conditional recommendation. Needs to be a good perceiver of asthma symptoms. Instead, consider using daily maintenance ICS therapy to avoid ICS under-treatment or over-treatment.

Prescription considerations for initiating SMART using Symbicort (budesonide/formoterol) or Dulera (mometasone/formoterol) HFA:		
Age range	Medications	Instructions
5-11 y.o.	"Budesonide-formoterol, or Symbicort or Breyna 80 mcg/4.5 mcg, <b>OR</b> Dulera 50 mcg/5 mcg HFA"	"1 puff once daily. When ill, add 1 puff as needed for symptoms (coughing, wheezing or shortness of breath) - up to 8 puffs/day, for up to 5 days."
12+ y.o.	"Budesonide-formoterol, or Symbicort or Breyna 80 mcg/4.5 mcg, <b>OR</b> Dulera 50 mcg/5 mcg HFA"	"1 puff once daily. When ill, add 1 puff as needed for symptoms (coughing, wheezing or shortness of breath) - up to 12 puffs/day, for up to 5 days."

<b>Insurance considerations:</b> Most insurances will not fill more than 1 inhaler per month. SMART protocol should require less than 1 inhaler/month, but patient should fill script every month to provide a rescue inhaler to have on hand or at school.					
<b>Inhaler device (HFA vs. DPI) considerations:</b> MMP PSC Pulmonary does not recommend dry-powder inhalers (DPI) for children due to technique challenges. Also, DPIs have lactose, and may be contraindicated in patients that are lactose intolerant.					
<b>Glossary:</b>	<b>DPIs</b> = dry-powder inhalers (e.g. "Diskus, Ellipta, Flexhaler, InHub, RespiClick, Twisthaler")	<b>HFA</b> = hydrofluoroalkane inhalers (i.e. traditional metered-dose inhalers)	<b>ICS</b> = inhaled corticosteroid (e.g. budesonide, fluticasone, mometasone)	<b>LABA</b> = long-acting beta-agonist (e.g. formoterol)	<b>NHLBI</b> = National Heart, Lung, and Blood Institute
	<b>OCS</b> = oral corticosteroid	<b>PRN</b> = as needed	<b>SABA</b> = short-acting beta-agonist (e.g. albuterol)	<b>URI</b> = upper respiratory infection	

**Reference:** Cloutier MM, Baptist AP, et al. 2020 Focused Updates to the Asthma Management Guidelines: A Report from the National Asthma Education and Prevention Program Coordinating Committee Expert Panel Working Group. J Allergy Clin Immunol. 2020;146(6):1217-1270. doi:10.1016/j.jaci.2020.10.003. <https://ginasthma.org/2025-gina-strategy-report/>

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