Table 1: Possible formulation outcomes for each PBE algorithm level, to be done in conjunction with usual care as per the severe asthma clinic.

|  |  |
| --- | --- |
| **PBE Level** | **Entry Level Gina 4/5 High dose ICS plus LABA (current OCS dose)** |
|  | **0** | **5** | **10** | **15** | **20** | **25** | **30** | **37.5** |
| **1** | + 15mg/day OCS | Increase to 10mg/day OCS | Increase to 15mg/day OCS | Increase to 20mg/day OCS | Increase to 25mg/day OCS | Increase to 30mg/day OCS | Increase to 37.5mg/day OCS | Increase to 50mg/day OCS |
| **2** | - | - | - | - | - | - | - | - |
| **3** | + LAMA/LTRA | + LAMA/LTRA | + LAMA/LTRA | + LAMA/LTRA | + LAMA/LTRA | + LAMA/LTRA | + LAMA/LTRA | + LAMA/LTRA |
| **4#** | Reduce to mod ICS/LABA\* | Discontinue OCS | Reduce to 5mg/day OCS | Reduce to 10mg/day OCS | Reduce to 15mg/day OCS | Reduce to 20mg/day OCS | Reduce to 25mg/day OCS | Reduce to 30mg/day OCS |
| **5#** | Reduce to mod ICS/LABA\*+ LAMA/LTRA | Discontinue OCS+ LAMA/LTRA | Reduce to 5mg/day OCS+ LAMA/LTRA | Reduce to 10mg/day OCS+ LAMA/LTRA | Reduce to 15mg/day OCS+ LAMA/LTRA | Reduce to 20mg/day OCS+ LAMA/LTRA | Reduce to 25mg/day OCS+ LAMA/LTRA | Reduce to 30mg/day OCS+ LAMA/LTRA |

\* Only reduce to mod ICS/LABA if eligible for reduction to mod ICS/laba for 2 consecutive visits.

# Reduce providing **baseline** OCS dose < 20mg/day AND there are no signs or symptoms of adrenal insufficiency such as fatigue, lethargy, weakness, nausea and vomiting and hypotension 6