

## IS YOUR PATIENT'S ASTHMA UNCONTROLLED?<sup>1,2</sup>

Having at least **ONE** of these criteria

qualifies a patient as having  
**uncontrolled asthma\***

- **Frequent OCS use**
  - ≥2 exacerbations per year requiring an OCS burst
- **Serious exacerbations**
  - ≥1 exacerbation per year requiring ER visit or hospitalization
- **Impaired lung function**
  - FEV<sub>1</sub> <80% predicted
- **Poor symptom control**
  - Daytime asthma symptoms more than twice/week
  - Nighttime awakenings due to asthma
  - Short-acting beta-agonist (eg, albuterol) reliever for symptoms more than twice/week
  - Any activity limitation due to asthma
  - ACT <20 or ACQ ≥1.5

## DOES YOUR ASTHMA PATIENT HAVE TYPE 2 INFLAMMATION?<sup>1</sup>

Having at least **ONE** of these criteria

identifies **type 2 airway  
inflammation<sup>†</sup>**

- **Blood EOS ≥150/μl and/or**
- **FeNO ≥20 ppb and/or**
- **Sputum EOS ≥2% and/or**
- **Clinically allergen-driven<sup>‡</sup> asthma and/or**
- **Need for daily/maintenance OCS (eg, prednisone)**

Repeat blood eosinophils and FeNO up to 3x before starting OCS (a short course, or maintenance treatment), or on lowest possible OCS dose<sup>§</sup>

\*Consult GINA 2020 and ERS/ATS guidelines for full guidance.

<sup>†</sup>Consult GINA 2020 guidelines for full guidance.

<sup>‡</sup>Clinically allergen-driven as defined by specific IgE or positive skin prick test for relevant allergens.<sup>1</sup>

<sup>§</sup>Biomarkers of type 2 inflammation (blood eosinophils, sputum eosinophils, and FeNO) are often suppressed by OCS.<sup>1</sup>

1. Global Initiative for Asthma (GINA). Global strategy for asthma management and prevention, 2020.

Available from: [www.ginasthma.org](http://www.ginasthma.org). Accessed March 16, 2021.

2. Chung KF, et al. *Eur Respir J*. 2014;43(2):343-373.

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SANOFI GENZYME  REGENERON

  
ADVANT RESPIRATORY  
ADVANCES IN  
THE SCIENCE OF TYPE 2 INFLAMMATION