ASTHMA MEDICATIONS

Asthma is a **chronic** and complex disease that affects the airways of the lungs making it hard to breathe. We have not yet found a cure for asthma, but it can be managed and controlled. Taking medicine as prescribed by your healthcare provider, avoiding asthma triggers, and following your Asthma Action Plan will you keep your asthma under good control.

**Asthma Has Two Parts**

Asthma consists of **bronchospasm**; tightening of the muscles around the airway, and **inflammation** or airway swelling. When you are exposed to an asthma trigger, the bands of muscle around the airways begin to tighten (spasm) causing the airways to become narrowed and constrict. **Inflammation** in the airways makes it hard to clear mucous and makes the airway prone to narrowing and constriction.

[Image: normal airway vs. bronchospasm]

Allergyasthamanetwork.org/what-is-asthma/

**Traditional Asthma Medicines**

**Bronchodilator Medicines (Quick-Relief Medications)** are used to open or “relax” the airways. These medicines are called “rescue or quick relief medicines” due to their rapid relief of asthma symptoms. Rescue medicines should not be used daily. Daily use is a sign that your asthma is not well controlled.

**Inhaled Corticosteroids (Long-Term Control Medications)** are used to decrease inflammation and mucous production in the airways. These medicines are called “controllers.” They do not relieve symptoms right away like the rescue medicines. They work over a period of weeks to prevent symptoms. These medicines should be used as prescribed, usually daily to twice daily, even when symptoms are not present.
Other Medicines – Biologics

**Biologic Medicines** are injections used as an add-on treatment for uncontrolled severe asthma in a very small percentage of people. They work differently from standard asthma medicines. Biologics block and target cells that cause inflammation in the lungs.

**Omalizumab (Xolair)** is used to treat moderate to persistent allergic asthma in patients 6 years or older not controlled by corticosteroids. Xolair is an injection given by a healthcare provider in a healthcare setting every 2-4 weeks.

**Benralizumab (Fasenra)** is used with other medicines for the maintenance treatment of asthma in people 12 years and older whose asthma is not well controlled with their current asthma medicine.

**Mepolizumab (Nucala)** is an add-on maintenance medicine for people 12 years and older with severe eosinophilic asthma (a subset of asthma caused by increased cells in the blood associated with severe asthma). Nucala can prevent severe asthma attacks and reduce the use of oral steroids.

**Reslizumab (Cinqair)** is used along with other asthma medicines for the maintenance treatment of asthma in people 18 years and older whose asthma is not well controlled with their current asthma medicines.

**Duplimab (Dupixent)** is an add-on maintenance treatment for uncontrolled moderate-severe Eosinophilic or oral steroid dependent asthma for people aged 6 and older.

**Tezepelumab (Tezspire)** is an add-on maintenance treatment for people aged 12 years and older with severe asthma.

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**Sources**

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