National Asthma Education and Prevention Program: Expert Panel Working		Global Initiative for Asthma (GINA)	
Asthma symptoms/lung function	Therapy*	Asthma symptoms	Therapy
Intermittent asthma/step 1		Step 1	
Daytime symptoms ≤2 days/week Nocturnal awakenings ≤2/month Normal FEV1 Exacerbations ≤1/year	SABA, as needed	Infrequent asthma symptoms (eg, <2 times/week)	formoterol combination MDI 160 mcg-4.5 mcg/inhalation or DPI 200 mcg-6 mcg/inhalation) 1 inhalation, as needed (preferred)or Low-dose ICS whenever SABA used or as-needed low-dose ICS-SABA
Mild persistent asthma/step 2		Step 2	
initia pereteta			Low-dose ICS-formoterol as needed (preferred)or
Daytime symptoms >2 but <7 days/week Nocturnal awakenings 3 to 4 nights/month Minor interference with activities FEV1 within the normal range Exacerbations ≥2/year	Low-dose ICS daily and SABA as neededor Low-dose ICS-SABA or ICS plus SABA, concomitantly administered, as needed Alternative option(s) Daily LTRA and SABA as needed	Asthma symptoms or need for reliever inhaler ≥2 times/week	Low-dose ICS daily and SABA as needed Other options Low-dose ICS-SABA or ICS plus SABA, concomitantly administered, as neededor (less preferred) LTRA daily and SABA as needed
Moderate persistent asthma/step 3			Step 3
Daily symptoms Nocturnal awakenings >1/week Daily need for SABA Some activity limitation FEV1 60 to 80% predicted Exacerbations ≥2/year		Troublesome asthma symptoms most days, nocturnal awakening due to asthma ≥1 time/month, risk factors for exacerbations¶	Low-dose ICS-formoterol as maintenance and reliever therapy (ie, budesonide-formoterol) (preferred)or Low-dose ICS-LABA combination daily and SABA as needed Other options Medium-dose ICS daily and SABA as neededor Low-dose ICS plus LTRA daily and SABA as needed
Severe persistent	asthma/steps 4 to 6	Steps 4 to 5	
Symptoms all day Nocturnal awakenings nightly Need for SABA several times/day Extreme limitation in activity FEV1 <60% predicted	Step 4:Combination medium dose ICS- formoterol daily and 1 to 2 inhalations as needed to 12 inhalations/day (preferred option) Alternative option(s) Medium-dose ICS-LABA daily or medium- dose ICS plus LAMA daily and SABA as neededor Medium-dose ICS daily plus LTRA or	for symptoms >2 times/week, or activity limitation due to asthmaor	Other options Possible add-on LAMA or switch to ICS-LAMA-LABA Possible add-on LTRA High-dose ICS-LABA trial (3 to 6 months) if other add-ons
Exacerbations ≥2/year	zileuton and SABA as needed*	An acute exacerbation	insufficient – May need short course of oral glucocortico

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	Step 5:Medium to high-dose ICS-LABA plus LAMA daily and SABA as needed (preferred) Alternative option(s) Medium-high dose ICS-LABA daily or high-dose ICS + LTRA* daily and SABA as needed Possible addition of asthma biologics∆		Step 5:Medium-dose ICS-formoterol as maintenance and reliever therapy plus LAMA daily (preferred) or Medium-dose ICS-LABA plus LAMA daily and SABA as needed Assess asthma phenotype and evaluate for possible addition of asthma biologicsΔ
	Step 6: High-dose ICS-LABA daily; consider LAMA as substitute for LABA or as add-on therapy if not done previously◊ Oral glucocorticoids, titrated to optimize asthma control and minimize adverse effects Possible addition of asthma biologicsΔ		Other options: High-dose ICS-LABA trial (3 to 6 months) Possible add-on LTRA or azithromycin Oral glucocorticoids titrated to optimize asthma control and minimize adverse effects
information gathered from uptodate 2023			