2025 Global Initiative for Asthma (GINA) Report

San Francisco Health Plan℠

Key Points for Practice

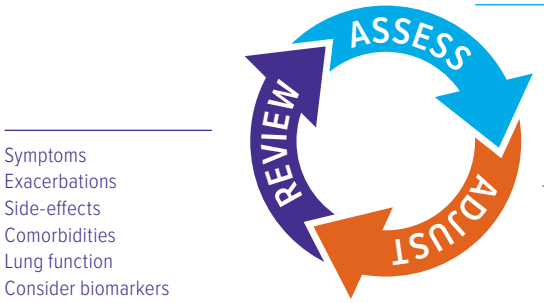
- **Short-acting beta$_2$-agonist (SABA)–only therapy is no longer recommended** at any step of asthma treatment due to increased risk of severe exacerbations and asthma-related mortality.
- **Inhaled corticosteroid (ICS)–containing therapy is required for all patients** with asthma, including those with infrequent symptoms.
- **As-needed low-dose ICS–formoterol is the preferred reliever therapy** for adults and adolescents ≥12 years (Track 1).
- **Single Maintenance and Reliever Therapy (SMART)** using ICS–formoterol is recommended for patients with moderate to severe persistent asthma to reduce exacerbations and improve overall control.

Limit Albuterol Overuse

The 2025 GINA update continues to emphasize that reliance on albuterol alone is unsafe. Frequent SABA use is associated with increased airway inflammation, exacerbations, hospitalizations, and mortality. **GINA strongly recommends an ICS–formoterol–based approach (Track 1)** whenever possible.

- Compared with SABA-only reliever therapy, **as-needed ICS–formoterol reduces severe exacerbations by approximately 60–65%.**
- **Track 2 (SABA + separate ICS)** is an alternative only when Track 1 is not feasible and carries higher risk if patients are nonadherent to daily ICS therapy.

GINA 2025
Adults & adolescents 12+ years
Personalized asthma management
Assess, Adjust, Review for individual patient needs



ASSESS
- Confirmation of diagnosis if necessary
- Symptom control & modifiable risk factors
- Comorbidities
- Inhaler technique & adherence
- Patient (and parent/caregiver) preferences and goals

ADJUST
- Treatment of modifiable risk factors and comorbidities
- Non-pharmacological strategies
- Asthma medications including ICS
- Education & skills training, action plan

REVIEW
- Symptoms
- Exacerbations
- Side-effects
- Comorbidities
- Lung function
- Consider biomarkers
- Patient (and parent/caregiver) satisfaction

CONTROLLER and **PREFERRED RELIEVER**
(Track 1). Using ICS-formoterol as the reliever* reduces the risk of exacerbations compared with using a SABA reliever, and is a simpler regimen

STEPS 1–2	STEP 3	STEP 4	STEP 5
AIR-only*: low-dose ICS-formoterol as needed	MART* with low-dose maintenance	MART* with medium-dose maintenance ICS-formoterol	Add-on LAMA Refer for assessment of phenotype. Consider trial of high-dose maintenance ICS-formoterol. Consider anti-IgE, anti-IL5/5R, anti-IL4Ra, anti-TSLP
RELIEVER: As-needed low-dose ICS-formoterol*			

CONTROLLER and **ALTERNATIVE RELIEVER**
(Track 2). Before considering a regimen with SABA reliever, check if the patient is likely to adhere to daily controller treatment

STEP 1	STEP 2	STEP 3	STEP 4	STEP 5
Reliever only; if SABA, take ICS with each dose	Low dose maintenance ICS	Low dose maintenance ICS-LABA	Medium/high dose maintenance ICS-LABA	Add-on LAMA Refer for assessment of phenotype. Consider high dose maintenance ICS-LABA, Consider anti-IgE, anti-IL5/5R, anti-IL4Ra, anti-TSLP
RELIEVER: As-needed ICS-SABA*, or as-needed SABA				

See Severe GINA asthma guide

Non-pharmacologic strategies include smoking cessation, physical activity, pulmonary rehabilitation, weight reduction, vaccinations (see text for more)
Allergen immunotherapy, e.g. HDM SLIT: consider for patients with clinically relevant sensitization and not well-controlled (but stable) asthma See text for further information and safety advice Additional controller options (e.g., add-on LAMA at Step 4, add-on LTRA) have less evidence for efficacy or for safety than Tracks 1 or 2 (see text). Maintenance OCS should only ever be used as last resort.

*AIR: Anti-inflammatory reliever; HDM: house dust mite; Ig: immunoglobulin; ICS: inhaled corticosteroids; IL: interleukin; LABA: long-acting beta,-agonist; LAMA: long-acting muscarinic antagonist; MART: maintenance-and reliever therapy with ICS-formoterol; OCS: oral corticosteroid; SLIT: sublingual immunotherapy; TSLP: thymic stromal lymphopoietin.

If you have questions, please contact us at **1(415) 547-7818 ext. 7085** or fax at **1(415) 547-7819.**

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Focus on Single Maintenance and Reliever Therapy (SMART)

SMART remains a cornerstone of asthma management in the 2025 GINA guidelines for patients with moderate to severe asthma. SMART therapy uses a single inhaler containing ICS–formoterol for both daily maintenance treatment, and as-needed symptom relief. Patients prescribed SMART continue their scheduled maintenance dosing and take additional inhalations of the same ICS–formoterol inhaler as needed for symptom relief.

Benefits of SMART include:

- Fewer severe exacerbations
- Reduced emergency department visits and hospitalizations
- Lower overall corticosteroid exposure
- Simplified regimen that improves adherence

Clinical Strategies to Reduce SABA Use and Improve Asthma Control

- Reassess asthma control regularly and **step up therapy when symptoms or reliever use increase.**
- **Transition patients from SABA-based regimens to ICS–formoterol** for both controller and reliever therapy when appropriate.
- Limit excessive SABA dispensing by:
  - Restricting the number of albuterol refills
  - Prescribing only one albuterol inhaler at a time when SABA is used
- Refer patients to **clinical pharmacists** (when available) for:
  - Medication optimization
  - Adherence support
  - Inhaler technique education
- Provide members with **SFHP's asthma education materials** for members available in multiple languages on our website. **sfhp.org/health-wellness/health-education-library**

Resources

Member education handout about asthma with translations can be found at SFHP website: **sfhp.org/health-wellness/health-education-library**

References

1. Global Initiative for Asthma (GINA). *Global Strategy for Asthma Management and Prevention.* 2025 Update. Available at: **ginasthma.org**
2. Reddel HK, et al. Asthma management strategies: GINA update. *American Family Physician.*

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