

Determine asthma phenotype,
assess for type 2 inflammation



Patient has at least one of the following?

Blood eosinophils > 150 per μL (0.15×10^9 per L)

Sputum eosinophils $> 2\%$

Fractional exhaled nitric oxide > 20
parts per billion [corrected]

Need for maintenance oral corticosteroid

No

Yes

Consider biologic therapy that targets
type 2 inflammation: omalizumab
(Xolair), mepolizumab (Nucala),
reslizumab (Cinqair), dupilumab
(Dupixent), or benralizumab (Fasenra)

Responsive to biologic therapy?

No

Yes

Reevaluate diagnosis, modifiable
factors, and comorbidities

Consider high-resolution chest
computed tomography or
bronchoscopy

Consider add-on therapy
(long-acting muscarinic antag-
onist if not already used, oral
corticosteroid) and bronchial
thermoplasty

Reevaluate response
to therapy every three to
six months

Decrease or stop oral
corticosteroid and other
add-on therapy

Reevaluate ongoing
need for biologic therapy