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**Title:** Real world effectiveness of changing combination therapy in primary care asthma management

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**Body:** Background: The combination therapy beclomethasone dipropionate/formoterol (BDP/FOR; Fostair® 100/6) is increasingly used in UK asthma patients previously receiving fluticasone propionate/salmeterol (FP/SAL; Seretide®). Methods: Retrospective real-life study using Optimum Patient Care and Clinical Practice Research Databases. Patients changing FP/SAL therapy to BDP/FOR at ≤ same dose were compared with patients who remained on same dose of FP/SAL. Patients aged 18-80, with an asthma diagnosis and ≥2 prescriptions for FP/SAL in year prior to change, matched FP/SAL:BDP/FOR 3:1 (n=1146:382) on demographic and disease characteristics. Outcomes: severe exacerbations (ATS/ERS defined); asthma control (no severe exacerbations, lower respiratory infection + antibiotics, or out-patient attendance); asthma control including short acting β-agonist (SABA) use; odds of higher SABA use. Non-inferiority reached if proportion of patients recording 0 exacerbations is ≤0.10 lower for BDP/FOR compared with FP/SAL. Results: Adjusted difference in proportions of pts recording 0 exacerbations (95% CI) is 0.01 (-0.03, 0.04). Odds and rate ratios for outcomes shown in figure.

Average ICS dose in outcome year (median [IQR]): 411.0 (246.6, 575.4) for FP/SAL and 295.9 (230.2, 394.5) for BDP/FOR. Conclusions: BDP/FOR prescribed at a lower dose is non-inferior in exacerbation prevention compared with FP/SAL in matched real-life asthma patients.