



Asthma Care Fax

Your Pharmacy

1234 Main St. Anytown, WI

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Attention: _____
Healthcare Provider
Fax #: _____

Date: ____/____/____
Month Date Year

Patient: _____
Last Name, First Name

DOB: ____/____/____
Month Date Year

Based on my evaluation of this patient, I have noticed excessive use of the following beta₂-agonist(s) _____ at a rate of _____ inhaler(s) per 90 days. I have also evaluated his/her inhaler technique and adherence to prescribed controller medication regimen.

Patient's current asthma medications: _____

Patient Evaluation:

Inhaler/Device Technique:

- Proper
- Improper

Adherence to controller therapy:

- Appropriate
- Inappropriate

- Patient not available for evaluation – Please consider review at next visit
- Patient gets Rx's at multiple pharmacies

| | Days with Symptoms | Nights with Symptoms | Beta-Agonist Use | Preferred Action |
|-------------------------------|--------------------|----------------------|---------------------|---|
| Very Poorly Controlled | Continuous | ≥4 x per week | Several times daily | Steroid burst Step up 1-2 steps |
| Not Well Controlled | > 2 per week | 1-3 per week | > 2 days per week | Step up 1 step |
| Well Controlled | ≤ 2 per week | ≤2 per month | ≤ 2 days per week | Maintain care, step down if stable ≥ 3 months |

Current Asthma Guidelines for Adult Asthma Treatment—NIH 2007

| | Step 1 | Step 2 | Step 3 | Step 4 | Step 5 | Step 6 |
|--------------------------|----------|--------------|-------------------------------------|---------------------|-------------------------------------|---|
| Preferred Therapy | SABA prn | Low-dose ICS | Low-dose ICS + LABA OR Med-dose ICS | Med-dose ICS + LABA | High-dose ICS + LABA +/- omalizumab | High-dose ICS + LABA + steroid burst +/- omalizumab |

Patient's current step in care: _____
(if known)

Patient's Asthma Control Test Score: _____
(if known) ≤ 19 may indicate uncontrolled asthma

Pharmacist's Recommendation

- Based on the most recent guidelines from the National Institute of Health (NIH), I recommend a step up in asthma therapy.
- The patient demonstrated improper inhaler technique which may have contributed to excessive SABA use. After consultation, the patient demonstrated proper device technique. May wish to reevaluate at next visit.
- Based on refill history, the patient's adherence to prescribed controller therapy is suboptimal. We discussed the importance of using controller medications daily and only using rescue medications when needed.

(Pharmacist Signature)