

PHARMACEUTICAL CARE

Setting the stage: Key accomplishments

Unrestricted use of asthma therapies and devices

In 2010, the WAC partnered with the Pharmacy Society of Wisconsin (PSW) to submit a formal request to Medicaid for universal coverage of spacers and valved holding chambers under all Medicaid health plans. The request was granted and now all Medicaid recipients receive coverage for spacers and valved holding chambers.

The WAC submits annual testimony to the Wisconsin Medicaid Pharmacy Prior Authorization Advisory Committee asking for limited restrictions of quick-reliever medications, inhaled corticosteroids, long-acting beta agonists, spacers and valved holding chambers. Few medications have been restricted, marking this as a successful effort.

Prescription assistance

A list of prescription assistance programs was created to help patients in receiving necessary asthma medications. The list is updated annually and will be expanded in early 2015 to include coupons and other programs to assist in medication costs.

Asthma care fax and the Wisconsin Pharmacy Quality Collaborative

The [Wisconsin Pharmacy Quality Collaborative](#) (WPQC) is an initiative of the PSW, which connects community pharmacists with patients, physicians and other health care providers, and health plans to improve the quality of life and reduce the cost of medication use across Wisconsin. WPQC partners with a health information technology platform allowing pharmacists to identify eligible patients with asthma (and other chronic health conditions), document pharmaceutical care services provided and bill for the professional time spent caring for the patient.

Partnering with WAC

The partnership the WAC has established with the PSW has greatly benefited patients with asthma in Wisconsin. We worked together to secure payment to pharmacies for spacers and valved holding chambers provided to all Wisconsin ForwardHealth members, rather than a select few. Through this valuable partnership, continued education has helped pharmacists optimize medication therapy in patients with asthma and support pharmacists becoming an integral member of the health care team.

- Erika Horstmann, PharmD, WAC Chair Emeritus, Pharmacy Society of Wisconsin

Workplan

Goal: Increase appropriate use of pharmacologic therapy for asthma management.

Objective A: Improve access and adherence to asthma therapy and management.

Activity	Target date
1. Continue to be a vocal proponent for unrestricted use of asthma therapies and devices <ol style="list-style-type: none"> Advocate to the Wisconsin Medicaid Pharmacy Prior Authorization Advisory Committee for limited restrictions of quick-reliever medications, inhaled corticosteroids, long-acting beta agonists, spacers and valved holding chambers Promote cost-saving opportunities for patients (e.g., coupons, rebates, prescription assistance programs) Advocate for affordable long-term controller medications 	Ongoing
2. Explore and promote patient adherence strategies <ol style="list-style-type: none"> Utilize automatic refill texting Promote evidence-based asthma therapies and medications Include refill history on outpatient pharmacy-initiated asthma medication refill requests Refer patients to the Wisconsin Pharmacy Quality Collaborative program 	2017

Evidence rating: Limited evidence, supported by expert opinion

Basis for evidence rating: 1 quasi-experimental study (a); 1 descriptive study (b)

- Mandel KE, Kotagal UR. Pay for performance alone cannot drive quality. *Archives of Pediatric and Adolescent Medicine*. 2007; 161: 650-655.
- Warman KL, Jacobs AM, Silver EJ. If we prescribe it, will it come? *Archives of Pediatric and Adolescent Medicine*. 2002; 156: 673-677.

Objective B: Encourage appropriate prescribing and patient utilization of asthma medications.

Activity	Target date
1. Reduce misuse of short-acting beta agonists (SABA) and long-term controllers (overutilization of SABA and underuse of long-term controllers) <ol style="list-style-type: none"> a. Include refill history on outpatient pharmacy-initiated asthma medication refill requests b. Increase two-way communication between pharmacy and prescribers (e.g., via Wisconsin Pharmacy Quality Collaborative or electronic health record) c. Promote pharmacist involvement in creating asthma action plans d. Explore ways to distinguish between rescue medications and controller medications at the point of dispensing 	Ongoing
2. Promote and/or provide guideline-based education focused on appropriate medication prescription for prescribing clinicians	Ongoing
3. Educate about the importance of asthma medication adherence	Ongoing
4. Work with Wisconsin Medicaid Drug Utilization Review Board to conduct a review of asthma medications designed to identify high-risk asthma patients and provide additional asthma management services as needed	2016

Evidence rating: Scientifically supported

Basis for evidence rating: 1 systematic review (a); 2 experimental/quasi-experimental studies (b, c); 2 descriptive studies (d, e)

- a. Okelo SO, Butz AM, Sharma R, et al. Interventions to modify health care provider adherence to asthma guidelines: a systematic review. *Pediatrics*. 2013; 132: 517-534.
- b. Windsor RA, Bailey WC, Richards JM, Manzella B, Soong SJ, Brooks M. Evaluation of the efficacy and cost effectiveness of health education methods to increase medication adherence among adults with asthma. *American Journal of Public Health*. 1990; 80: 1519-1521.
- c. Mandel KE, Kotagal UR. Pay for performance alone cannot drive quality. *Archives of Pediatric and Adolescent Medicine*. 2007; 161: 650-655.
- d. Yong PL, Werner RM. Process quality measures and asthma exacerbations in the Medicaid population. *Journal of Allergy and Clinical Immunology*. 2009; 124: 961-966.
- e. Giraud V, Roche N. Misuse of corticosteroid metered-dose inhaler is associated with decreased asthma stability. *European Respiratory Journal*. 2002; 19:246-251.