



Asthma Care Fax

Pharmacy Name: _____
 Pharmacy Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____

Provider Name: _____ Date: ____/____/____ Fax: _____
Health Care Provider Month Date Year

Patient: _____ DOB: ____/____/____
Last Name, First Name 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: | Adherence to controller therapy: | |
| <input type="checkbox"/> Proper | <input type="checkbox"/> Appropriate | <input type="checkbox"/> Patient not available for evaluation – Please consider review at next visit |
| <input type="checkbox"/> Improper | <input type="checkbox"/> Inappropriate | <input type="checkbox"/> 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.

Comments: _____

Pharmacist Signature: _____