

Pharmacist's Asthma Report

Insert your pharmacy's logo here

Provider's Name Fax Date

Patient's Name DOB

Patient's current asthma controller meds

I have noticed excessive fills of the following quick-relief med at a rate of refills per 90 days.

Patient's other relevant medications

Pharmacist's Recommendations:

- When evaluated by a pharmacist, the patient demonstrated improper inhaler technique which may have contributed to excessive SABA use. After consultation, the patient demonstrated proper device technique. You may wish to re-evaluate at next visit.
- Based on refill history, the patient's adherence to prescribed controller therapy is suboptimal. The pharmacist discussed the importance of using controller medications daily and only using quick-relief medication when needed. You may wish to reinforce these messages at next visit.
- Based on reported asthma symptoms, you may wish to consider a step up in therapy based on the most recent national guidelines (see below).
- Based on reported asthma symptoms/medication use, patient should continue current regimen, or you may wish to consider stepping down therapy.
- Patient was not available at the pharmacy to discuss proper asthma medication and device use. Please review with patient at next visit.

Comments

Supporting Information: Patient reports the following symptoms and SABA use (highest level with a check = patient's control level)

Well Controlled	Not Well Controlled	Very Poorly Controlled
Daytime symptoms <input type="checkbox"/> 2 days/week or less, not more than one per day	Daytime symptoms <input type="checkbox"/> More than 2 days/week or multiple times on 2 days/week or less	Daytime symptoms <input type="checkbox"/> Throughout the day
Nighttime symptoms <input type="checkbox"/> No more than once per month	Nighttime symptoms <input type="checkbox"/> Ages 0-4: More than once per month <input type="checkbox"/> Ages 5-11: 2 times per month or more <input type="checkbox"/> Ages 12 and over: 1-3 times per week	Nighttime symptoms <input type="checkbox"/> Ages 0-4: More than once per week <input type="checkbox"/> Ages 5-11: 2 times per week or more <input type="checkbox"/> Ages 12 and over: 4 times per week or more
Short-acting B2-agonist use: <input type="checkbox"/> 2 days per week or less	Short-acting B2-agonist use: <input type="checkbox"/> More than 2 days per week	Short-acting B2-agonist use: <input type="checkbox"/> Several times per day
Asthma Control Test™ score: <input type="checkbox"/> 20 or more	Asthma Control Test™ score: <input type="checkbox"/> 16-19	Asthma Control Test™ score: <input type="checkbox"/> 15 or less
Preferred Action: Maintain care, step down if stable for at least 3 months	Preferred Action: Increase therapy by 1 step Check adherence and environmental control	Preferred Action Steroid burst or increase therapy by 1-2 steps and consider co-morbid conditions Check adherence and environmental control

Patient's current treatment step (if known)	<input type="checkbox"/> Step 1	<input type="checkbox"/> Step 2	<input type="checkbox"/> Step 3	<input type="checkbox"/> Step 4	<input type="checkbox"/> Step 5	<input type="checkbox"/> Step 6
Preferred Therapy	All ages: Beta2-agonist PRN	All ages: Low-dose ICS Ages 0-4: Consider referral to specialist	Ages 0-4: Medium-dose ICS Ages 5-11: Low-dose ICS + LABA or leukotriene blocker or medium-dose ICS Ages 12+: Low-dose ICS + LABA or medium-dose ICS	Ages 0-4: Medium-dose ICS + LABA or leukotriene blocker Ages 5+: Medium-dose ICS + LABA	Ages 0-4: High-dose ICS + LABA or leukotriene blocker Ages 5-11: High-dose ICS + LABA Ages 12+: High-dose ICS + LABA ± Omaluzimab	Ages 0-4: High-dose ICS + LABA or leukotriene blocker + oral steroid Ages 5-11: High-dose ICS + LABA Ages 12+: High-dose ICS + LABA + Oral steroid ± Omaluzimab

*Control assessment & steps based on NHLBI Expert Panel Report 3, Asthma Guidelines (2007)

Pharmacist's signature: