

# Asthma Provider Toolkit



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## Asthma Care

### Clinical Practice Guidelines

[Guidelines for the Diagnosis and Management of Asthma](#)

### Quality Measures

#### Asthma Medication Ratio:

The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the year.

#### Asthma in Children and Younger Adults Admission Rate:

Admissions for a principal diagnosis of asthma in members age 2–39 years of age. Two rates are reported:

1. Ages 2–17 years
2. Ages 18–39 years

### Provider Educational Resources

[American Lung Association Training and Certification](#)

[Asthma Care Quick Reference Guide](#)

[Centers for Disease Control and Prevention Vaccines and Immunizations](#)

## Provider Conversation Starters

The following questions can be used to address the most important risk factors for future exacerbations:

- Have you noticed any triggers that cause your asthma to get worse?
- Have you had to refill your rescue medication more frequently?
- Have you taken oral glucocorticoids (“steroids”) for your asthma in the past year?
- Have you been hospitalized for your asthma? If yes, how many times have you been hospitalized in the past year?
- Have you been admitted to the intensive care unit or been intubated because of your asthma? If yes, did this occur within the past five years?

- Do you currently vape or smoke cigarettes or does anyone in your household? If so, how many each day?
- Have you ever noticed an increase in asthma symptoms after taking aspirin or a nonsteroidal anti-inflammatory agent (NSAID)?

## Provider Educational Resources

[Asthma Control Assessment](#)

[Asthma Action Plan](#)

[Avoiding and Controlling Your Asthma Triggers Worksheet](#)

[Breathe PA \(for Western PA\)](#)

# Integrated Health Treatment Planning Considerations

## Asthma and Mental Health Disorders

[Asthma/COPD and Serious Mental Illness](#)

[Parental Asthma May Increase Risk for Bipolar Disorder, Schizophrenia in Offspring](#)

## Bipolar Disorder and Asthma

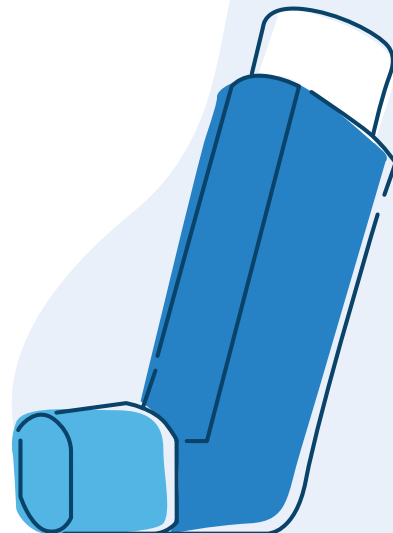
[Increased Incidence of Comorbid Bipolar Disorder and Asthma](#)

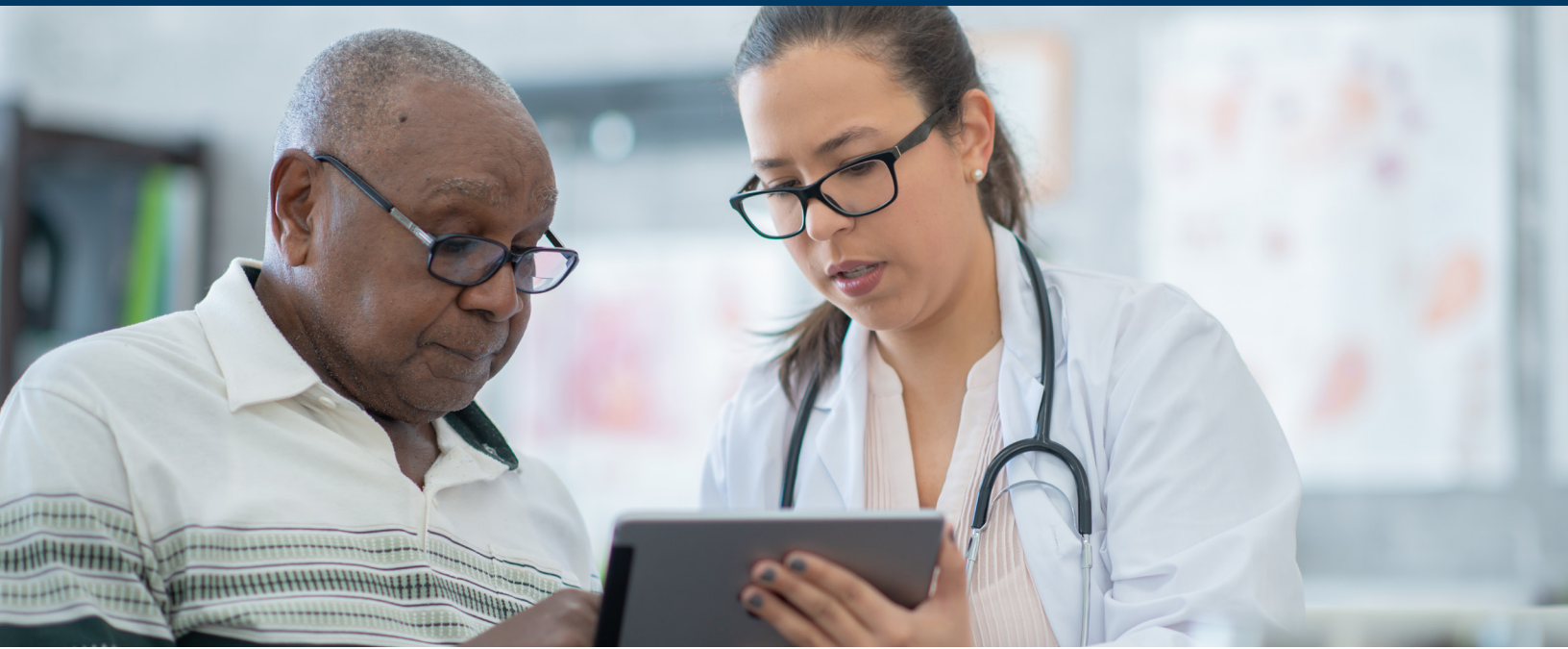
## Depression and Asthma

[Association between Asthma and Depression](#)

## Substance Use and Asthma

[Illicit Drug Use in Asthma: Heroin, Cocaine, and Marijuana Worsen Symptoms](#)





## Common Definitions Associated with Asthma

### Asthma

Chronic inflammatory disorder of the airways, characterized by variable and recurring symptoms.

### Asthma Triggers

Exposure that causes an asthma attack. Triggers vary widely from person to person. Avoid triggers to have less severe asthma attacks.

#### Common Triggers:

- Allergies, like mold, dust, animals or food allergies
- Smoke from cigarettes and fires
- Air pollution
- Weather and pollen changes
- Medicines
- Exercise
- Emotions, like stress or anxiety
- Strong odors, like perfumes, hairspray and air fresheners

### Spirometry

A pulmonary function test to measure air flow limitation. For this test, the patient blows air into a mouthpiece and tubing attached to a small machine. The machine measures the amount of air that the patient blows out and how fast the patient can blow it.

### Long-Term Control Medicines

Often called controller or maintenance medicines. Help to prevent symptoms and must be taken regularly.

### Quick-Relief Medicines

Often called rescue medicines. Work to relieve or stop symptoms once they have started.

# Medications Used for the Treatment of Asthma

Medications named and included in this toolkit are not an inclusive list of all medications and it is strongly suggested that the Highmark Wholecare formulary be reviewed for additional information, such as quantity limits or prior authorization requirements. Formulary information may be found at: Medicaid Formulary Medications. Medications can cause side effects. Patients should be encouraged to talk with the prescriber of their medication or their pharmacist about their prescription including how to take it properly and what to do should they think they are experiencing a side effect.

## Bronchodilators

Bronchodilators relax the muscles around the airways which helps to keep them open and makes breathing easier. Most bronchodilators are often delivered through an inhaler or nebulizer.

There are two classes of inhaled bronchodilators: beta agonists and muscarinic antagonists or anticholinergics.

**Beta-Agonists:** Very powerful at relaxing tightened muscles around the airways. Relaxing the muscles opens the airway and makes breathing easier.

## Muscarinic antagonists or Anticholinergics:

Prevents muscles around the airways from tightening to keep airways open and help clear mucus from the lungs. This allows coughing to expel mucus more easily. These inhalers are used daily, even if symptoms are not present.

### ***Preferred Agents on the Statewide Preferred Drug List (PDL)***

#### **SHORT-ACTING:**

Albuterol HFA  
Albuterol Nebulizer Concentrate Solution  
Albuterol Syrup  
Atrovent HFA  
Combivent Respimet  
Ipratropium Nebulizer  
Ipratropium-Albuterol Nebulizer

#### **LONG-ACTING:**

Serevent Diskus  
Anoro Ellipta  
Bevespi Aerosphere  
Spiriva Handihaler

### ***Both classes come in short-acting and longacting types:***

**SHORT-ACTING:** work within minutes, last 4-6 hours

**LONG-ACTING:** slow to start working but can last up to 12 to 24 hours

In addition to inhaled bronchodilators, theophylline is an oral bronchodilator also prescribed to prevent wheezing and shortness of breath.

### ***Formulary Agents on Highmark Wholecare's supplemental formulary:***

Theophylline ER tablets  
Theophylline oral solution





## Corticosteroids Inhaled

Decreases inflammation, leads to less swelling in the airways and mucus production, and makes it easier to breathe. They are usually inhaled with an inhaler device.

It is important to rinse out the mouth with water, gargle and spit after using this type of medication.

### ***Preferred Agents on the Statewide Preferred Drug List (PDL)***

#### **SINGLE-INGREDIENT GLUCOCORTICOID:**

Asamanex Twisthaler  
Budesonide  
Flovent Diskus  
Flovent HFA  
Pulmicort Flexhaler

#### **GLUCOCOTICOID AND LONG ACTING BETA AGONIST COMBINATIONS:**

Advair HFA  
Dulera  
Fluticasone-Salmeterol  
Symbicort

## Corticosteroids Oral

May be used as a treatment for exacerbations or flare-ups. These medications act fast, and are prescribed for short-term use (5-7 days).

***Preferred Agents on the  
Statewide Preferred Drug List (PDL)***  
Methylprednisolone Dose Pack, Tablet  
Prednisolone Sodium Phosphate Solution  
Prednisolone Solution  
Prednisolone Dose Pack, Solution, Tablet

## Leukotriene Modifiers

Leukotrienes are inflammatory agents in the body that cause a tightening of airway muscles and excess production of mucus. Leukotriene modifiers block the action of these inflammatory agents.

***Preferred Agents on the  
Statewide Preferred Drug List (PDL)***  
Xolair  
Nucala  
Fasenra