



Asthma Management

Provider Resource Guide



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Thank you for being a valued provider for members in one or more of our health plans: Jefferson Health Plans Medicare Advantage, Jefferson Health Plans Individual and Family Plans, Jefferson Health Plans CHIP, and/or Jefferson Health Plans EverWell (our Medicaid plan).

Asthma Management Resource Guide

This provider resource guide is intended to help you improve your performance in the Asthma Medication Ratio (AMR) quality measure.

AMR Measure Description: The percentage of patients 5–64 years of age who were identified as having persistent asthma and had a ratio of .50 or higher of controller medications to total asthma medications during the measurement year.

GINA Guidelines

According to the GINA 2024 Guidelines, “set it and forget it” is not the appropriate approach to asthma treatment, and treatment is not solely focused on medications. The GINA Guidelines recommend reviewing and adjusting treatment based on each individual patient’s needs which can follow two potential treatment tracks, as demonstrated in the adults and adolescents 12+ years graphic below.

GINA 2024 – Adults & adolescents 12+ years

Personalized asthma management
Assess, Adjust, Review
for individual patient needs

TRACK 1: PREFERRED CONTROLLER and RELIEVER
Using ICS-formoterol as the reliever* reduces the risk of exacerbations compared with using a SABA reliever, and is a simpler regimen

STEPS 1 – 2 As-needed-only low dose ICS-formoterol	STEP 3 Low dose maintenance ICS-formoterol	STEP 4 Medium dose maintenance ICS-formoterol	STEP 5 Add-on LAMA Refer for assessment of phenotype. Consider high dose maintenance ICS-formoterol, ± anti-IgE, anti-IL5/5R, anti-IL4Rα, anti-TSLP
RELIEVER: As-needed low-dose ICS-formoterol*			

TRACK 2: Alternative CONTROLLER and RELIEVER
Before considering a regimen with SABA reliever, check if the patient is likely to adhere to daily controller treatment

Other controller options (limited indications, or less evidence for efficacy or safety – see text)

STEP 1 Take ICS whenever SABA taken*	STEP 2 Low dose maintenance ICS	STEP 3 Low dose maintenance ICS-LABA	STEP 4 Medium/high dose maintenance ICS-LABA	STEP 5 Add-on LAMA Refer for assessment of phenotype. Consider high dose maintenance ICS-LABA, ± anti-IgE, anti-IL5/5R, anti-IL4Rα, anti-TSLP
RELIEVER: As-needed ICS-SABA*, or as-needed SABA				

Low dose ICS whenever SABA taken*, or daily LTRA [†] , or add HDM SLIT	Medium dose ICS, or add LTRA [†] , or add HDM SLIT	Add LAMA or add LTRA [†] or add HDM SLIT, or switch to high dose ICS-only	Add azithromycin (adults) or add LTRA [†] . As last resort consider adding low dose OCS but consider side-effects
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*Anti-inflammatory reliever; [†]advise about risk of neuropsychiatric adverse effects

GINA 2024 Box 4-6

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GINA 2024 – Children 6–11 years



Personalized asthma management:
Assess, Adjust, Review



Symptoms
Exacerbations
Side-effects
Lung function
Comorbidities
Child and parent/
caregiver satisfaction

Confirmation of diagnosis if necessary
Symptom control & modifiable
risk factors (see Box 2-2)
Comorbidities
Inhaler technique & adherence
Child and parent/caregiver preferences and goals

Treatment of modifiable risk factors
& comorbidities
Non-pharmacological strategies
Asthma medications including ICS
Education & skills training

Asthma medication options:
Adjust treatment up and down for
individual child's needs

**PREFERRED
CONTROLLER**
to prevent exacerbations
and control symptoms

Other controller options
(limited indications, or
less evidence for efficacy
or safety)

RELIEVER

	STEP 1 Low dose ICS taken whenever SABA taken*	STEP 2 Daily low dose inhaled corticosteroid (ICS) (see table of ICS dose ranges for children)	STEP 3 Low dose ICS-LABA, OR medium dose ICS, OR very low dose ICS-formoterol maintenance and reliever therapy (MART)	STEP 4 Refer for expert advice, OR medium dose ICS-LABA, OR low dose ICS-formoterol maintenance and reliever therapy (MART)	STEP 5 Refer for phenotypic assessment ± higher dose ICS-LABA or add-on therapy, e.g. anti-IgE, anti-IL4Rα, anti-IL5
		Daily leukotriene receptor antagonist (LTRA) ¹ , or low dose ICS taken whenever SABA taken*	Low dose ICS + LTRA ¹	Add tiotropium or add LTRA ¹	As last resort, consider add-on low dose OCS, but consider side-effects
	As-needed SABA (or ICS-formoterol reliever* in MART in Steps 3 and 4)				

*Anti-inflammatory reliever; ¹advise about risk of neuropsychiatric adverse effects

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GINA 2024 – Children 5 years and younger



Personalized asthma management:
Assess, Adjust, Review response



Symptoms
Exacerbations
Side-effects
Risk factors
Comorbidities
Child and parent/
caregiver satisfaction

Exclude alternative diagnoses
Symptom control & modifiable risk factors
Comorbidities
Inhaler technique & adherence
Child and parent/caregiver preferences and goals

Treat modifiable risk factors
and comorbidities
Non-pharmacological strategies
Asthma medications
Education & skills training

Asthma medication options:
Adjust treatment up and down for
individual child's needs

**PREFERRED
CONTROLLER
CHOICE**

Other controller options
(limited indications, or
less evidence for efficacy
or safety)

RELIEVER

**CONSIDER
THIS STEP FOR
CHILDREN WITH:**

	STEP 1 (Insufficient evidence for daily controller)	STEP 2 Daily low dose inhaled corticosteroid (ICS) (see Box 11-3 for ICS dose ranges for pre-school children)	STEP 3 Double 'low dose' ICS (See Box 11-3)	STEP 4 Continue controller & refer for specialist assessment
	Consider intermittent short course ICS at onset of viral illness	Daily leukotriene receptor antagonist (LTRA) ¹ , or intermittent short course of ICS at onset of respiratory illness	Low dose ICS + LTRA ¹ Consider specialist referral	Add LTRA ¹ , or increase ICS frequency, or add intermittent ICS
	As-needed short-acting beta ₂ -agonist			
	Infrequent viral wheezing and no or few interval symptoms	Symptom pattern not consistent with asthma but wheezing episodes requiring SABA occur frequently, e.g. ≥3 per year. Give diagnostic trial for 3 months. Consider specialist referral. Symptom pattern consistent with asthma, and asthma symptoms not well-controlled or ≥3 exacerbations per year.	Asthma diagnosis, and asthma not well-controlled on low dose ICS Before stepping up, check for alternative diagnosis, check inhaler skills, review adherence and exposures	Asthma not well-controlled on double ICS

¹Advise about risk of neuropsychiatric adverse effects

GINA 2024 Box 11-2

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PA Preferred Drug List Link

Please follow the link below to find the preferred agents on the PA Preferred Drug List:

papdl.com/preferred-drug-list.html

You can also access the PA Preferred Drug List via our website:

JeffersonHealthPlans.com/formulary

Provider Worklists

Care Gap Reports

Care gap reports are available in your provider portal, HealthTrio, and allow you to filter to your patients in the AMR denominator who are noncompliant. These reports are refreshed monthly.

Contact the Provider Services Helpline at 1-888-991-9023 (Monday – Friday, 9 a.m. – 5 p.m.) to learn more about these reports if you aren't receiving them today.





Room2Breathe Program

Room2Breathe is an asthma program in which a CHW visits your patients over a 12-month period in their home to provide education and tips for identifying and reducing triggers in the home, supplies, and pest management services, all at no cost to your patients.

Eligible patients must meet the following criteria:

- 2-14 years old
- 2 ED visits OR 1 hospitalization for asthma in the past 12 months
- Philadelphia County resident
- Receive primary care at St. Christopher's Hospital for Children (Center for the Urban Child and Northeast Pediatrics), Temple Faculty Pediatric Associates, Jefferson Einstein Pediatrics, Ambulatory Health Services (Health Centers 5, 6 and Strawberry Mansion), Nemours Children's Health — Philadelphia, Esperanza Health Center, Delaware Valley Community Health, or Fair Hill Community Physicians

For questions, or if your provider office is interested in partnering with the Room2Breathe program, you may contact Education Plus Health (R2B service provider) via phone **267-324-5707** or email room2breathe@educationplushealth.com.



Stellar RX

Stellar RX is a wholesale and specialty pharmacy located in Avondale, PA, that aims to help provide point-of-care asthma and family planning products to underserved populations. They offer on-site asthma devices and supplies in a secure XpeDose unit which stocks and dispenses asthma medications in outpatient settings. Inhalers, spacers, masks of various sizes, and medications are supplied at no expense to your office by Stellar.

If interested in partnering with Stellar RX, please email our Pharmacy team at pharmacyclinical@jeffersonhealthplans.com and they can facilitate an introduction and warm handoff to the Stellar team.

Medication Management Best Practices

Switch Patients to Receive Extended Day Supplies

When appropriate, write 90-day prescriptions for maintenance inhalers for your patients. This can help improve adherence, potentially reduce medication costs, and will mean less trips to the pharmacy.

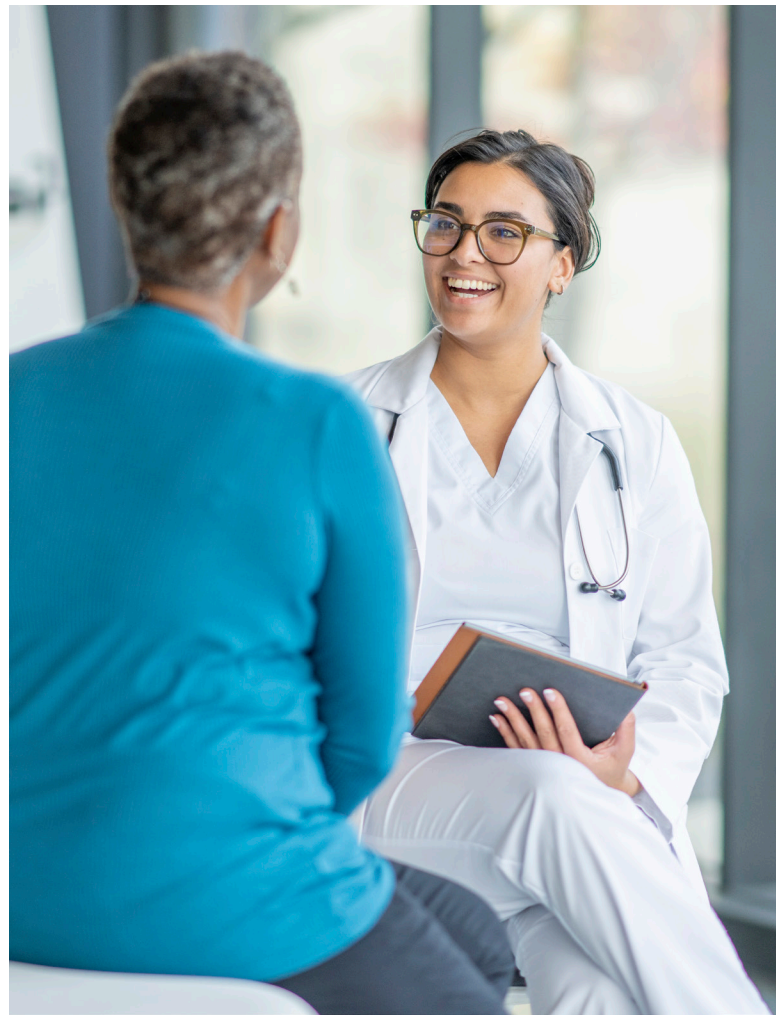
Suggest Mail Order

- A fast and convenient way to get medications delivered right to the door! To have medications filled through mail order pharmacy, prescriptions can be sent to CVS Caremark Mail Service Pharmacy. Patients can also request that CVS Caremark Mail Service Pharmacy contact their doctor and get the process started. Visit [Caremark.com/MailService](https://www.caremark.com/mail-service) or call 1- 800-756-7186. You can also check the list of pharmacies that offer delivery here: [Medication Management and Adherence](#).

Inform Patients about Pharmacies with Additional Support Services

Many local pharmacies offer accessible, clinical-backed touchpoints for patients and health teams.

- **Centennial Pharmacy Services** dispenses medications, provides medication therapy management, offers in-home services, and helps with preventive care and transition of care services. Learn more at [centennialpharmacy.com](https://www.centennialpharmacy.com).
- **Bright Medical Technology, Inc.** is a full-service pharmacy staffed with a team of Pharmacists, Pharmacy Technicians, and Account Managers from Monday through Friday, 9:00AM – 5:00PM. They also have a 24/7 answering service that will allow you to speak with one of their pharmacists at any time. They specialize in providing medications and related supplies to asthmatic patients of all ages, including those with complex conditions and comorbidities. All new requests will be filled and delivered directly to the patient by their delivery team the same day the order is received to their location of choice. All patients will have the option to enroll in their



automatic refill program to eliminate the worry of running out of vital medications. They help maximize patient compliance through ongoing education, routine follow-up calls from their pharmacists, and punctual, reoccurring deliveries of acute and long-term control medications, as well as respiratory supplies. To learn more about how Bright Medical can help you and your patients, contact them at 215-725-6337 or visit their website at [brightmedi.com](https://www.brightmedi.com).

Contact our Pharmacy Team if you would like additional information about Centennial, Bright Medical, or other pharmacies that offer home delivery, pill packing, or other clinical programs.



Asthma Spacers

Adding a spacer to a metered-dose inhaler can help the medicine move past the mouth and throat and get deep into the lungs. It can also help avoid problems with spraying and breathing at the same time, especially in the pediatric population. Patients can receive asthma spacers via their Jefferson Health Plans EverWell or Jefferson Health Plans CHIP pharmacy benefit. For your pediatric patients, you may prescribe two spacers, one for home and one for school. A prescription can be sent to the Pharmacy for the following brand of spacers: Aerochamber, Compact Space Chamber, Easivent, Optichamber, Prochamber, and Vortex Valved Holding Chamber.

Smoking Cessation

Refer your patients to a smoking cessation program to help alleviate their asthma symptoms or apply to become Tobacco Cessation Counseling (TCC) certified.

Become TCC Certified

- Complete the DHS “Every Smoker, Every Time” online training and “Pre-Approved Tobacco Cessation Registry Application” and be approved by DOH as a Tobacco Cessation Provider (TCP).
- DOH’s training, application, and contact information are located at: [Registry | Department of Health | Commonwealth of Pennsylvania](#)

Refer Patients for Assistance

- Share the PA Free Quitline (1-800-QUIT-NOW), PA’s telephone-based tobacco cessation counseling service with free coaching.
- Contact our Clinical Care Management Team at 215-845-4797. They can assist with connecting your patients to tobacco counseling services.



Additional Support

Clinical Care Management

Our Clinical Care Management Department has a team of dedicated case managers who can help your patients achieve their asthma-related health goals. Case managers will work with your patients to provide coordination of care services that can help support their healthcare goals and treatment plan, as well as reduce or eliminate any barriers to care. If you have patients who may benefit from case management services, please refer them to our Clinical Care Management team by calling 215-845-4797.

Pharmacy

If you wish to prescribe a non-preferred medication, a prior authorization can be requested. Using the appropriate form will help to ensure that we have the information necessary to make a decision about your request. Fax all completed Medicaid and CHIP prior authorization request forms to 1-866-240-3712.

JeffersonHealthPlans.com/Prior-Auth



1-888-991-9023
1101 Market Street, Suite 3000
Philadelphia, PA 19107
JeffersonHealthPlans.com