

## **Collaborative Practice Agreement (CPA): Therapeutic Interchange of Asthma Controller for Patients Age 12+**

### **Introduction:**

Asthma is a complex medical condition which is primarily controlled with prescription medications. Frequently, patient access to critical medications involved in the treatment of asthma can be delayed due to insurance coverage issues. To prevent delays in providing the patient with the necessary medication which not only controls their asthma, but also prevents unnecessary health care utilization, **[Insert Name of Pharmacy]** is prepared to work collaboratively with physicians by entering into this CPA to facilitate a rational therapeutic interchange which substitutes one brand of asthma controller medication for another.

### **Purpose:**

Wisconsin state law allows pharmacists to practice under a Collaborative Practice Agreement with individual physicians (Statute 450.033 *Services delegated by physician: A pharmacist may perform any patient care service delegated to the pharmacist by a physician, as defined in s. 448.01(5).*

448.01 Definitions. In this chapter: (5) "Physician" means an individual possessing the degree of doctor of medicine or doctor of osteopathy or an equivalent degree as determined by the medical examining board, and holding a license granted by the medical examining board.

It is the intent of this document to authorize the pharmacists employed by **[Insert Name of Pharmacy]** to work in a collaborative fashion with and under the direct supervision of the physician(s) listed below. This document establishes a framework and guidelines for collaboration between the physician and pharmacist.

### **Goals:**

The goals of this agreement are to:

- 1) Allow pharmacists to conduct a rational therapeutic interchange of asthma controller medications.
- 2) Improve access to care by supplying the patient with their asthma controller medication in a timely manner.
- 3) Enhance patient/caregiver understanding of the prescribed medication regimen.
- 4) Increase collaboration between **[Insert Name of Pharmacy]** and the physicians named below.

### **Policy:**

In the event a patient aged 12 years old or older has a prescription insurance plan whose formulary does not include the specific brand of asthma controller medication prescribed by the physician or the copay for the prescribed brand of asthma controller is prohibitively expensive and considerable savings to the patient can be realized by a change, this agreement allows the pharmacist to substitute one brand of asthma controller for another. This agreement specifically prohibits substitutions made solely in the financial benefit of the pharmacy, but allows substitution between the following brands of controllers if such substitution might be financially advantageous to the patient after all available copay assistance has been exhausted. Good asthma care involves spirometry and/or other measures of lung function before and 1 month after any change in controller therapy.

*In the event of a substitution* (for the reasons mentioned above):

- The pharmacist will ask the patient if he/she has taken any other controller medications in the past. If yes, the pharmacist will ask why the doctor stopped that medication/changed to a different medication. Medications that have been stopped or changed previously for clinical reasons will not be considered as an interchangeable option.
- Allowed substitutions for patients age 12 and older can be found in Table 1. If a medication/dose is not listed on this table, contact the prescriber to discuss appropriate interchange options. To determine which medications/doses can be interchanged with the originally prescribed medication, locate the originally prescribed product/dose in Column 1 and follow the row across to locate interchangeable products/strength/directions. (Note: only doses for patients age 12 and older are listed on this table.)
- Prescribed quantity of inhalers and number of refills will [**Have physician entering into agreement choose one of the following: be reduced to zero, be cut in ½ from original, will remain the same – not to exceed 6 months of date of Rx issued**] remain the same as indicated by the physician on the original prescription. Directions may be amended to reflect the proper equivalent dosing of the substituted product. [**Other optional wording: Refills will be changed to zero so the prescriber can evaluate efficacy of the substituted product in a timely manner.**]
- The pharmacist will counsel the patient that not all steroids work the same for everyone and the patient needs to stay in communication with their doctor to monitor efficacy of the substituted medication.
- The pharmacist implementing the change will notify the office of the physicians specified below of the change within 24 business hours. (See Appendix A.)

This agreement is voluntary and may be terminated via written request at any time by either party. This document will be reviewed by both parties at least [**annually or insert other time frame here**].

**Signatures of participating physicians:**

This agreement is effective date as of the dates set forth below:

Physician Name: \_\_\_\_\_ State License Number: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Physician Name: \_\_\_\_\_ State License Number: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Physician Name: \_\_\_\_\_ State License Number: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Physician Name: \_\_\_\_\_ State License Number: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

## Appendix A:

[Date]

Dear Dr. [Insert Name]

This notification is to inform you that [Insert name of asthma controller dispensed to patient, strength, and directions for use] was substituted for the prescribed medication [Insert name of asthma controller originally prescribed for patient, strength and directions for use] for our mutual patient [Insert patient name and DOB] as specified in our Asthma Controller Therapeutic Interchange Collaborative Practice Agreement. The updated number of refills for this product is [insert number of refills].

This substitution was the result of a:

- Cost savings opportunity
- Insurance formulary conflict

Please feel free to contact us if you have any questions or concerns.

Respectfully,

[Name of pharmacist(s)]

[Name/Contact Info of Pharmacy]

**Disclaimer:**

**This Collaborative Practice Agreement (CPA) (Therapeutic Interchange Asthma Controller) example template, appendix, and dosage interchange table are intended to assist pharmacists in development of a CPA for therapeutic interchange of asthma controllers with a corresponding physician(s). This information is not intended to be a substitute for professional training and judgment. It is always best to consult additional references to confirm doses. Use of this information indicates acknowledgement that neither PSW nor its contributing authors will be responsible for any loss or injury, including death, sustained in connection with or as a result of using this information. PSW is under no obligation to update the information contained herein.**