**Collaborative Practice Agreement:
Therapeutic Interchange of Short-Acting Beta-Agonist (SABA)**

**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 short-acting beta-agonist (SABA) 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 a SABA.
2. Improve access to care by supplying the patient with their SABA medication in a timely manner.
3. Enhance patient/caregiver understanding of their prescribed medication regimen.
4. Increase collaboration between **[Insert Name of Pharmacy]** and the physicians named below.

**Policy:**

In the event a patient’s insurance formulary does not include the specific brand of inhaled SABA prescribed by the physician or the copay for the prescribed brand of inhaled SABA 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 a SABA for another. This agreement allows substitution between the following brands of inhaled SABAs:

|  |  |  |  |
| --- | --- | --- | --- |
| **Brand** | **Active Ingredient** | **Manufacturer** | **Note** |
| ProAir RespiClick® | Albuterol sulfate | Teva | Includes dose counter |
| Ventolin® HFA | Albuterol sulfate | GSK | Includes dose counter |
| Proventil® HFA  | Albuterol sulfate | Merck | Does not include dose counter |
| Xopenex HFA® | Levalbuterol tartrate | Sunovion | Does not include dose counter |

In the event of a substitution:

* Prescribed quantity of inhalers, directions for use, and number of refills will remain the same as indicated by the physician on the original prescription.
* Preference will be given to SABA metered dose inhaler (MDI) devices which include a dose counter, to allow the user to know exactly how many puffs remain in the MDI prior to need to refill.1-3
* 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**References:**

Rigazio A, et al. Integration of dose-counters into metered-dose rescue inhalers may reduce incidence of respiratory-related emergency room visits. *ACAAI* 2013; Abstract 11.

Sander N, Fusco-Walkert SJ, Harder JM, Chipps BE. Dose counting and the use of pressurized metered-dose inhalers: running on empty. *Ann Allergy Asthma Immunol*. 2006; 97:34.

Conner JB, Buck, Po. Improving Asthma Management: The case for mandatory inclusion of dose counters on all rescue bronchodilators. *Asthma*. 2013; 50(6): 658–663.

# Appendix A:

**[Date]**

Dear Dr. **[Insert Name]**

This notification is to inform you that **[Insert name of SABA dispensed to patient]** was substituted for the prescribed medication **[Insert name of SABA originally prescribed for patient]** for our mutual patient **[Insert patient name and DOB]** as specified in our SABA Therapeutic Interchange Collaborative Practice Agreement.

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]**