

What is it? A chart flag that may be affixed to your WellCare patients' inpatient charts by our concurrent nurse reviewers when they identify the patients as having the diagnosis of asthma.

Purpose: The flag is a succinct reminder of treatment guidelines and preferred drugs.



Attention Physician
ASTHMA

The 2002 National Asthma Education and Prevention Program (NAEPP) Expert Panel Report 2: Guidelines for the Diagnosis and Management of Asthma recommends:

- **INHALED CORTICOSTEROIDS** as safe, effective and **preferred first-line therapy** for children as well as adults with persistent asthma.
- **Adding long-acting inhaled beta2-agonists** to inhaled steroids is **more effective** than simply increasing the dose of inhaled steroids for patients over age 5 who have moderate-to-severe persistent asthma.
- **Leukotriene modifiers** and other **anti-inflammatory agents**, i.e., cromolyn sodium and nedocromil, are alternatives for mild, persistent asthma.
- **Methylxanthines** can reduce the frequency and severity of persistent symptoms. They are an alternative, but not the preferred, therapy for mild, persistent asthma.

Preferred Drug List:

Inhaled Corticosteroids: Asmanex, QVar, Flovent®, Nebulizer-Pulmicort, Respules® (indicated for children age 8 and younger)

Inhaled Corticosteroid/Long Acting Beta2 Agonist Combination: Advair®, Symbicort

Luekotriene Modifiers: Singulair®

Other anti-inflammatory inhalers: Cromolyn Sodium, Intal®, Nedocromil, Tilade®

Methylxanthines: Theodur®, Uniphyll®, and Aminophylline

Long Acting Beta2 Agonists: Serevent®

Short Acting Beta2 Agonists: Albuterol, Terbutaline, Metaproterenol

WCPC-WCM-034