

# QTIP- Be SMART Kick OFF

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# Objectives



Overview of SMART therapy for asthma



Review updates to SMART prescribing recommendations



Review QI project SMART Aims, Key Drivers, Change Ideas

	Intermittent Asthma	Management of Persistent Asthma in Individuals Ages 0–4 Years				
Treatment	STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6
<b>Preferred</b>	PRN SABA and At the start of RTI: Add short course daily ICS▲	Daily low-dose ICS and PRN SABA	Daily medium-dose ICS and PRN SABA	Daily medium-dose ICS-LABA and PRN SABA	Daily high-dose ICS-LABA and PRN SABA	Daily high-dose ICS-LABA + oral systemic corticosteroid and PRN SABA
<b>Alternative</b>		Daily montelukast* or Cromolyn,* and PRN SABA		Daily medium-dose ICS + montelukast* and PRN SABA	Daily high-dose ICS + montelukast* and PRN SABA	Daily high-dose ICS + montelukast* + oral systemic corticosteroid and PRN SABA
			For children age 4 years only, see Step 3 and Step 4 on Management of Persistent Asthma in Individuals Ages 5–11 Years diagram.			

Utilization of ICS during respiratory infections in patients <5yo

# Tips for 0 to 4-year-olds

Utilize the Asthma predictive index

Avoid dry powder inhalers

- Most will not generate enough inspiratory flow to activate

If using nebulized budesonide:

- Consider using higher dose if no response (0.5mg- 1mg BID)
- Varying literature on dose response
- “Blow by” loses most of the medication
- Face mask loses ~50% of medication, mouthpiece most effective

Don't hesitate to start inhaled corticosteroids by MDI

	Intermittent Asthma	Management of Persistent Asthma in Individuals Ages 5–11 Years				
Treatment	STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6
<b>Preferred</b>	PRN SABA	Daily low-dose ICS and PRN SABA	Daily and PRN combination low-dose ICS-formoterol ▲	Daily and PRN combination medium-dose ICS-formoterol ▲	Daily high-dose ICS-LABA and PRN SABA	Daily high-dose ICS-LABA + oral systemic corticosteroid and PRN SABA
<b>Alternative</b>		Daily LTRA,* or Cromolyn,* or Nedocromil,* or Theophylline,* and PRN SABA	Daily medium-dose ICS and PRN SABA or Daily low-dose ICS-LABA, or daily low-dose ICS + LTRA,* or daily low-dose ICS + Theophylline,* and PRN SABA	Daily medium-dose ICS-LABA and PRN SABA or Daily medium-dose ICS + LTRA* or daily medium-dose ICS + Theophylline,* and PRN SABA	Daily high-dose ICS + LTRA* or daily high-dose ICS + Theophylline,* and PRN SABA	Daily high-dose ICS + LTRA* + oral systemic corticosteroid or daily high-dose ICS + Theophylline* + oral systemic corticosteroid, and PRN SABA
		Steps 2–4: Conditionally recommend the use of subcutaneous immunotherapy as an adjunct treatment to standard pharmacotherapy in individuals ≥ 5 years of age whose asthma is controlled at the initiation, build up, and maintenance phases of immunotherapy ▲			Consider Omalizumab** ▲	

Use of ICS/LABA as daily controller and rescue for moderate and severe persistent asthma in 5 to 11 year olds

# Tips for ICS/LABA dosing in 5-11 yo

- Budesonide/formoterol (Symbicort, Breyna)
  - Low dose: 80mcg, 1 puff daily to 1 puff BID
  - Medium dose: 80mcg, 1 puff BID to 2 puffs BID
  - High dose: Any dose above 80mcg, 2 puffs BID
- Mometasone/formoterol (Dulera)
  - Low dose: 50mcg, 1 puff BID
  - Medium dose: 50mcg, 1 puff BID
  - High dose: 100mcg, 1 puff BID

	Intermittent Asthma	Management of Persistent Asthma in Individuals Ages 12+ Years				
Treatment	STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6 <sup>■</sup>
Preferred	PRN SABA	Daily low-dose ICS and PRN SABA or PRN concomitant ICS and SABA ▲	Daily and PRN combination low-dose ICS-formoterol ▲	Daily and PRN combination medium-dose ICS-formoterol ▲	Daily medium-high dose ICS-LABA + LAMA and PRN SABA ▲	Daily high-dose ICS-LABA + oral systemic corticosteroids + PRN SABA
Alternative		Daily LTRA* and PRN SABA or Cromolyn,* or Nedocromil,* or Zileuton,* or Theophylline,* and PRN SABA	Daily medium-dose ICS and PRN SABA or Daily low-dose ICS-LABA, or daily low-dose ICS + LAMA, ▲ or daily low-dose ICS + LTRA,* and PRN SABA or Daily low-dose ICS + Theophylline* or Zileuton,* and PRN SABA	Daily medium-dose ICS-LABA or daily medium-dose ICS + LAMA, and PRN SABA ▲ or Daily medium-dose ICS + LTRA,* or daily medium-dose ICS + Theophylline,* or daily medium-dose ICS + Zileuton,* and PRN SABA	Daily medium-high dose ICS-LABA or daily high-dose ICS + LTRA,* and PRN SABA	
		Steps 2-4: Conditionally recommend the use of subcutaneous immunotherapy as an adjunct treatment to standard pharmacotherapy in individuals ≥ 5 years of age whose asthma is controlled at the initiation, build up, and maintenance phases of immunotherapy ▲			Consider adding Asthma Biologics (e.g., anti-IgE, anti-IL5, anti-IL5R, anti-IL4/IL13)**	

Use of ICS/LABA as daily controller and rescue for moderate and severe persistent asthma in  $\geq 12$  yo.

# Tips for ICS/LABA dosing in $\geq 12$ yo

- Budesonide/formoterol (Symbicort, Breyna)
  - Low dose: 80mcg, 1 puff BID to 2 puffs BID
  - Medium dose: 160mcg, 2 puffs BID
  - High dose: Any dose above 160mcg, 2 puffs BID
- Mometasone/formoterol (Dulera)
  - Low dose: 100mcg, 1 puff BID to 2 puffs BID
  - Medium dose: 100mcg, 1 puff BID to 2 puffs BID
  - High dose: Any dose above 100mcg, 2 puffs BID



# More SMART Tips

- Review with patient and parents
  - Daily dose as prescribed
  - 1-2 puffs PRN
- Max total daily dose
  - 8 puffs per day: <12 years old
  - 12 puffs per day:  $\geq$ 12 years old
- Discuss that this plan eliminates the need for albuterol
  - Options for school
  - What if they hit the max dose per day?
  - What if it doesn't work?

# Prescribing with SMART (updates!)

- Can only utilize with formoterol combination inhalers
  - Budesonide/formoterol (Symbicort/Breyna)
  - Mometasone/formoterol (Dulera)
- Do NOT use with salmeterol containing combination inhalers
  - Salmeterol does not have immediate onset of action
- If daily dose is 2 puffs BID, will need 2 canisters per month (minimum)
  - Write for daily dose and PRN use in same script
  - Can give up to 3 canisters a month with SC Medicaid and MCOs
- May be able to use 1 canister a month if only dosing 1 puff BID for daily dose
  - Issue during exacerbation?
  - Consider with commercial insurances

## Outpatient Medication Detail

	Disp	Refills	Start	End	DAW
Symbicort 160-4.5 mcg/actuation inhaler	30.6 g	6	2/25/2025	—	Yes

Sig - Route: Inhale 2 puffs 2 (two) times a day. May also inhale 1 puff every 4 (four) hours as needed (for cough/wheezing/shortness of breath). Rinse mouth after use. Use with spacer. Max total daily dose of 12 puffs.. - Inhalation

Sent to pharmacy as: Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler

Notes to Pharmacy: Needs 3 pumps per month- home, home prn and school prn

E-Prescribing Status: **Receipt confirmed by pharmacy** (2/25/2025 10:14 AM EST)

Prescription Example: SMART dosing

# QTIP ASTHMA DRIVER DIAGRAM

## SMART Aim:

Increase SMART therapy initiation when indicated by 10%

## STRATEGIC GOAL:

Improve care and asthma control for primary care patients with asthma

### Key Drivers

Optimal Asthma management

Optimal Asthma care at home

### Secondary Drivers

Access to primary care for preventive and follow up care

Asthma care as per the NHLBI guidelines

Assessment of asthma control

Collaboration with partners using AAP

Influenza vaccine access

Ask and address SDOOH

Asthma education

Identifying and minimizing asthma triggers

Secondhand smoke exposure

Medication compliance

### Change Ideas

Create Asthma registry

Make EMR changes to flag Asthma patients

Standardize process to make Asthma follow up appointments

Standardize ACT at WCCs for Asthma patients

incorporate Asthma action plans into EMR and share in the portal

Staff education about SMART therapy

Asthma education for patient/family

Trigger identification/reduction

Implement screening for SDOH in Asthma patients

Track refill history at appt to address access issues