

Asthma Medication Ratio

Description of Measure

The percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

Measure compliancy determined by pharmacy claims

Asthma Controller Medications (Description/Prescription)

- Anti-asthmatic combinations: Dyphylline-guaifenesin
- Antibody inhibitors: Omalizumab
- Anti-interleukin-4: Dupilumab
- Anti-interleukin-5: Benralizumab; Mepolizumab; Reslizumab
- Inhaled steroid combinations: Budesonide-formoterol; Fluticasone- salmeterol; Fluticasone-vilanterol; Formoterol-mometasone
- Inhaled corticosteroids: Beclomethasone; Budesonide; Ciclesonide; Flunisolide; Fluticasone; Mometasone
- Leukotriene modifiers: Montelukast; Zafirlukast; Kileuton
- Methylxanthines: Theophylline

Asthma Reliever Medications (Description/Prescription)

- Short-acting, inhaled beta-2 agonists: Albuterol; Levalbuterol

Required Exclusions

- Members receiving hospice or using hospice services anytime during the measurement year.

Hospice Care:

CPT: 99377, 99378

HCPCS: G0182, G9473, G9473 – G9479, Q5003 – Q5008, Q5010, S9126, T 2042 – T 2046

- Members who had no asthma controller or reliever medications dispensed during the measurement year.



**BlueCross.
BlueShield.**

Federal Employee Program.

- Members who had a diagnosis for any of the below conditions anytime during the member's history through December 31 of the measurement year:
 - Emphysema
 - COPD
 - Obstructive Chronic Bronchitis
 - Chronic Respiratory Conditions due to Fumes or Vapors
 - Cystic Fibrosis
 - Acute Respiratory Failure

Optional Exclusions:

None