

## Asthma Medication Ratio (AMR) Tip Sheet

Our HEDIS Tip Sheets provide resources and guidance to help your office improve its quality and QCP scores for important HEDIS measures.

### Global Initiative for Asthma (GINA) 2023 Updates

The latest guidelines from GINA support a rescue approach that treats symptoms and inflammation together.

New findings suggest that regular use of short-acting beta 2 (SABA) therapy for 1 to 2 weeks is associated with the following:

- Increased airway hyperresponsiveness (AHR)
- Reduced bronchodilator effect
- Increased allergic response
- Increased eosinophil count

#### New Recommendations

What should be used?

- Regardless of asthma severity, reliever therapy should be an anti-inflammatory reliever, which is considered a low-dose inhaled corticosteroid (ICS) and a rapid acting bronchodilator
- Based on severity, this could also be used as maintained therapy (MART)

Examples of rapid acting bronchodilator include Formoterol\* and SABA. Combinations include:

- ICS and Formoterol
- ICS and SABA

\*Formoterol is mostly recommended due to long and rapid onset.

### Asthma Medication Ratio (AMR)

AMR is defined as the percentage of children and adults (5-64 years old) who have both persistent asthma and a ratio of controller meds to total asthma meds of  $\geq 0.5$  during the year.

A score of  $\leq 0.50$  means the patient is not compliant with the AMR HEDIS measure. In other words, patients are overutilizing SABA therapy and not filling maintenance medications, placing them at greater risk of asthma attacks, hospitalizations and irreversible lung damage.

Providers are encouraged to help patients meet this measure by:

- Ensuring the patient is not using more rescue medications than preventive medication to control their asthma.
- Ensuring at least half of the medications dispensed to treat their asthma are controller medications throughout the treatment/measurement period.
- Using ICS-formoterol as a reliever reduces the risk exacerbations compared with using a SABA reliever.

### Asthma Management Plan for Ages 12 and Older

Adolescents and Adults 12+	Track 1: Controller and preferred reliever	Track 2: Controller and alternative reliever
<b>Step 1</b>	As needed only low dose ICS formoterol Infrequent Asthma (Less than 2 times monthly and no exacerbation risk factors)	Take ICS whenever SABA taken
<b>Step 2</b>		Low Dose maintenance ICS
<b>Step 3</b>	Low dose maintenance ICS formoterol Symptomatic most days, or waking from asthma weekly	Low Dose maintenance ICS-LABA
<b>Step 4</b>	Medium dose maintenance ICS formoterol Severe, uncontrolled asthma or with initial acute exacerbation	Medium/high dose maintenance ICS-LABA
<b>Step 5</b>	Add-on LAMA	Add-on LAMA

## Pediatric Treatment Plan

Children Under 5		<b>Reliever: As needed SABA</b>	Children Ages 6-11	
<b>Step 1</b>	Consider intermittent short course ICS at onset of viral illness		Low dose ICS whenever SABA taken	<b>Reliever: As needed SABA (or ICS-formoterol reliever in steps 3 and 4)</b>
<b>Step 2</b>	Daily ICS		Daily low Dose ICS	
<b>Step 3</b>	Double low dose		Low Dose ICS-LABA, OR medium dose ICS, or very low dose ICS-formoterol MART	
<b>Step 4</b>	Continue controller and refer for specialist assessment		Medium dose ICS-LABA OR low dose ICS-formoterol MART	
<b>Step 5</b>	Add-on LAMA		High dose ICS-LABA or add on (e.g., anti-IgE, anti-IL4R)	

### Preferred agents on Pennsylvania Preferred Drug List (2024)

- **Single ingredient ICS:**

- Arnuity Ellipta
- Asmanex HFA
- Asmanex Twisthaler
- Budesonide 0.25 mg/2 ml, 0.5 mg/2 ml Respule
- Pulmicort Flexhaler
- Qvar Redihaler

- **ICS + LABA combinations:**

- Advair Diskus
- Advair HFA
- Dulera
- Fluticasone-Salmeterol Aerosol Powder (generic Airduo Respiclick)
- Fluticasone-Salmeterol Blister w/ Device (generic Advair Diskus)
- Symbicort

- **ICS + LABA + LAMA combinations:**

- Trelegy Ellipta

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