

AAO 24: Percentage of patients with allergic rhinitis who do not receive leukotriene inhibitors

This measure is intended to decrease inappropriate prescription of leukotriene inhibitors to patients with allergic rhinitis who do not have asthma.

Quality Domain: Effective Clinical Care

Avoid ineffective or less effective therapy, strive for cost saving, and decrease variations in care. Montelukast has traditionally been more expensive than oral antihistamines although the cost differential has been lessened with the introduction of generic montelukast. Because montelukast is currently more expensive and equally as effective as or less effective than oral antihistamines for AR, and because it is less effective than INS, clinicians should not routinely offer an LTRA as primary therapy for patients with AR. The panel was concerned with the cost of this medication in combination with the evidence that it is less effective than first-line medications. However, there may be a subset of patients who have AR and asthma who may benefit from this medication. Montelukast is generally well tolerated and is not associated with drowsiness. In placebo-controlled trials, behavior-related adverse events were infrequent. However, some post marketing reports have demonstrated rare drug-induced neuropsychiatric events (including aggression, depression, suicidal thinking, and behavior). Suicidal ideation was reported in 1 of 9929 patients (0.01%) in clinical trials treated with montelukast. Systematic literature reviews and meta-analyses (predominantly based on controlled studies of montelukast in adults with seasonal AR) conclude that LTRAs are more effective at controlling symptoms and improving quality of life than placebo. There may be a subset of patients who would benefit from this medication (eg, patients with both AR and asthma).

Denominator: Patients with allergic rhinitis seen for an ambulatory visit with a diagnosis of allergic rhinitis who do not have an active order (prescription or reported over the counter use) of intranasal corticosteroids or second generation antihistamines.

Denominator Exclusions: Patients with asthma.

Denominator Exceptions: Patients with allergy to intranasal corticosteroids, allergy to second generation antihistamines, or prostate issues (due to concern for intolerance of primary therapy options)

Numerator: Patients who do not receive leukotriene inhibitors.

Measure Type: Process, Traditional, Proportional, High Priority

Copyright: © 2017 American Academy of Otolaryngology – Head and Neck Surgery Foundation. All Rights Reserved.

Limited proprietary coding is contained in the Measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets.

The Measures, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes, e.g. use by health care providers in connection with their practices. Commercial use is defined as the sale, license, or distribution of the Measures for commercial gain, or incorporation of the Measures into a product or service that is sold, licensed or distributed for commercial gain.

Empowering otolaryngologist-head and neck surgeons to deliver the best patient care

Commercial uses of the Measures require a license agreement between the user and the American Academy of Otolaryngology – Head and Neck Surgery Foundation (AAO-HNSF).
Disclaimer:
The Measures are not clinical guidelines, do not establish a standard of medical care, and have not been tested for all potential applications.
THE MEASURES AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND. Neither the AAO-HNSF nor its members shall be responsible for any use of the Measures. The AAO-HNSF and its members disclaim all liability for use or accuracy of any Current Procedural Terminology (CPT®) or other coding contained in the specifications.
Empowering otolaryngologist-head and neck surgeons to deliver the best patient care