

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
GUIDELINE/ PROCEDURE**

Guideline/Procedure Number: MPXG5001 (previously XG100501)			Lead Department: Health Services Business Unit: Quality Improvement	
Guideline/Procedure Title: Clinical Practice Guidelines for the Diagnosis & Management of Asthma			<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 04/19/2000		Next Review Date: 05/13/2027 Last Review Date: 05/13/2026		
Applies to:	<input type="checkbox"/> Employees	<input checked="" type="checkbox"/> Medi-Cal	<input checked="" type="checkbox"/> Partnership Advantage ¹	
Reviewing Entities:	<input checked="" type="checkbox"/> IQI	<input type="checkbox"/> P & T	<input checked="" type="checkbox"/> QUAC	
	<input type="checkbox"/> OPERATIONS	<input type="checkbox"/> EXECUTIVE	<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> DEPARTMENT
Approving Entities:	<input type="checkbox"/> BOARD		<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> FINANCE
	<input type="checkbox"/> CEO	<input type="checkbox"/> COO	<input type="checkbox"/> CREDENTIALS	<input checked="" type="checkbox"/> PAC
Approval Signature: Robert Moore, MD, MPH, MBA			Approval Date: 05/13/2026	

I. RELATED POLICIES:

MPUG3031 - Nebulizer Guidelines

II. IMPACTED DEPTS:

Health Services

III. DEFINITIONS:

N/A

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

Asthma is a chronic condition of airway inflammation that manifests in wheezing, coughing, and dyspnea. The prevalence of asthma has remained relatively unchanged in the U.S. for many years, and it currently affects 6.5% of the population, age under 18 years and 8.0% of the population, ages 18 years and older (2021 National Health Interview Survey [NHIS] Data).

VI. GUIDELINE / PROCEDURE:

A. Key Points in Diagnosis and Management

1. **Diagnosis** – The symptoms of asthma can be caused by other conditions, including, allergies, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), gastroesophageal reflux disease (GERD), bronchiectasis, sarcoidosis, pulmonary embolism, panic disorder, respiratory infection (bacterial or viral), and vocal cord dysfunction, among others. An accurate diagnosis rests on an accurate history, physical findings, pulmonary function tests (PFTs), and chest x-ray (CXR).
2. **Treatment** – The long-term goals of asthma management are symptom control and risk reduction. Routine preventive measures should follow [Advisory Committee on Immunization Practices \(ACIP\) guidelines](#). Main principles of management consist of medications, non-pharmacologic therapies and strategies, as well as training and educating patients on essential asthma self-management skills. Pharmacotherapy should be individualized to the particular patient. This guideline cannot cover

¹ This policy may also apply in part to Partnership Advantage, the HealthPlan’s Medicare product effective Jan. 1, 2027 in eight counties: Del Norte, Humboldt, Mendocino, Lake, Marin, Sonoma, Napa, and Solano, and may be subject to change based on Centers for Medicare and Medicaid Services (CMS) rules.

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every situation.

- a. Starting in 2019 the Global Initiative for Asthma (GINA) report has recommended that adults and adolescents should no longer use short acting beta agonist (SABA)-only treatment for any degree of asthma severity
 1. All adults and adolescents should receive inhaled corticosteroid (ICS)-containing controller treatment to reduce their risk of serious exacerbations, even if symptoms are infrequent.
 2. Every patient needs a reliever containing a rapid-acting bronchodilator to use whenever they have asthma symptoms.
 - b. The GINA report divides treatment into two tracks based on the rescue therapy chosen
 - i. Rescue therapy is low dose ICS-formoterol (GINA’s preferred track)
 - ii. Rescue therapy is a SABA
 - a) SABA used as needed *with* as needed low-dose ICS at the same time, *or*
 - b) SABA used as needed while on daily ICS controller therapy
 - c. Each track follows a stepwise escalation in ICS-dosing and the use of add-on therapies (see add-on options below) based on patients initial presentation and symptom control while on therapy.
- B. Asthma Medication List
1. Controller therapy
 - a. Primary controller therapy options
 - i. Inhaled corticosteroids.
 - ii. Inhaled corticosteroid / long acting beta agonist (LABA) combination inhalers.
 - b. Add-on controller therapy options
 - i. Leukotriene receptor antagonists,
 - ii. Inhaled long-acting muscarinic antagonist (LAMA)
 - iii. Inhaled long-acting beta agonists not recommended as monotherapy for asthma.
 - iv. Non-Formulary biologics.
 2. Rescue therapy
 - a. Low dose ICS-formoterol combination for ages ≥ 12 (off-label)
 - i. GINA preferred as needed combo-therapy reliever for Step 1 through Step 5
 - b. Short-acting beta agonist inhalers:
 - i. Inhaled albuterol
 - ii. Inhaled levalbuterol
- C. Indicator Monitored by Partnership HealthPlan of California (Partnership): The following indicator will be monitored for measurement of adherence to this guideline (as reference from Healthcare Effectiveness Data and Information Set (HEDIS®) measure: Asthma Medication Ratio)
1. The percentage of members 5–64 years of age during the measurement year 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.
 2. Consider targeted intervention on those patients with suboptimal AMR score (<0.5) Interventions may include evaluating patient’s asthma pharmacotherapy for underuse of ICS and overuse of rescue inhalers, confirming pharmacy records for prescriptions filled in the pharmacy, and engaging patients on the importance of medication adherence.

VII. REFERENCES:

- A. Partnership has adopted the asthma guidelines entitled 2025 GINA Main Report: Global Strategy for Asthma Management and Prevention. Available from www.ginasthma.org.
- B. [GINA 2025 Summary Guide for Asthma Management and Prevention](#) (November 2025)
- C. [Centers for Disease Control and Prevention \(CDC\) National Center for Health Statistics:](#)

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<https://www.cdc.gov/nchs/fastats/asthma.htm>

- D. [Centers for Disease Control and Prevention \(CDC\) Advisory Committee on Immunization Practices \(ACIP\)](https://www.cdc.gov/acip/?CDC_AAref_Val=https://www.cdc.gov/vaccines/acip/index.html)

https://www.cdc.gov/acip/?CDC_AAref_Val=https://www.cdc.gov/vaccines/acip/index.html [Medi-Cal Rx Contract Drugs List](https://medi-calrx.dhcs.ca.gov/home/cdl/) <https://medi-calrx.dhcs.ca.gov/home/cdl/>

VIII. DISTRIBUTION:

- A. Partnership Pharmacy Department
- B. Partnership Utilization Management Staff
- C. Partnership Provider Manual
- D. Partnership Department Directors

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Medical Officer

X. REVISION DATES:

Medi-Cal

10/17/01; 09/18/02, 12/17/03; 04/20/05; 06/20/07; 02/19/14; 01/20/16; 01/18/17; *02/14/18; 02/13/19, 02/12/20; 02/10/21; 04/14/21; 05/11/22; 05/10/23; 05/8/24; 05/14/25; 3/15/26; 05/13/26

Partnership Advantage

N/A

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO:

Partnership Advantage

MPXG5001 - 06/20/2007 to 01/01/2015

Healthy Families

MPXG5001 - 08/18/2010 to 03/01/2013

Healthy Kids (Healthy Kids program ended 12/01/2016)

MPXG5001 - 06/20/07; 08/18/10; 02/15/12; 02/19/14; 01/20/16 to 12/01/16