#### New for 2025

· No applicable changes for this measure



#### **Definition**

Percentage of episodes for members 3 months and older who were given a diagnosis of upper respiratory infection (URI) between July 1 of the year prior to the measurement year through June 30 of the measurement year and were <u>not</u> dispensed an antibiotic prescription on or 3 days after the diagnosis day (4 days total). A higher rate indicates appropriate treatment (not prescribed an antibiotic).

Plans(s) affected	Quality program(s) affected	Collection and reporting method
<ul><li>Commercial</li><li>Exchange/Marketplace</li><li>Medicaid</li><li>Medicare</li></ul>	<ul><li>CMS Quality Rating System</li><li>NCQA Accreditation</li><li>NCQA Health Plan Ratings</li></ul>	Administrative Claim/encounter data Pharmacy data

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### **Medications**

The following antibiotic medications should **not** be prescribed for an upper respiratory infection:

Drug category	Medications	
Aminoglycosides	<ul><li>Amikacin</li><li>Gentamicin</li><li>Streptomycin</li><li>Tobramycin</li></ul>	
Aminopenicillins	Amoxicillin Ampicillin	
Beta-lactamase inhibitors	<ul><li>Amoxicillin-clavulanate</li><li>Ampicillin-sulbactam</li><li>Piperacillin-tazobactam</li></ul>	
First generation cephalosporins	Cefadroxil Cefazolin	• Cephalexin
Fourth generation cephalosporins	Cefepime	
Lincomycin derivatives	<ul><li>Clindamycin</li><li>Lincomycin</li></ul>	
Macrolides	<ul><li>Azithromycin</li><li>Clarithromycin</li><li>Erythromycin</li></ul>	
Miscellaneous antibiotics	<ul><li>Aztreonam</li><li>Chloramphenicol</li><li>Dalfopristin-quinupristin</li><li>Daptomycin</li></ul>	<ul><li>Linezolid</li><li>Metronidazole</li><li>Vancomycin</li></ul>

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Drug category	Medications	
Natural penicillins	<ul><li>Penicillin G benzathine-procaine</li><li>Penicillin G potassium</li><li>Penicillin G procaine</li></ul>	<ul><li>Penicillin G sodium</li><li>Penicillin V potassium</li><li>Penicillin G benzathine</li></ul>
Penicillinase- resistant penicillins	<ul><li>Dicloxacillin</li><li>Nafcillin</li><li>Oxacillin</li></ul>	
Quinolones	<ul><li>Ciprofloxacin</li><li>Gemifloxacin</li><li>Levofloxacin</li></ul>	<ul><li>Moxifloxacin</li><li>Ofloxacin</li></ul>
Rifamycin derivatives	• Rifampin	
Second generation cephalosporins	<ul><li>Cefaclor</li><li>Cefotetan</li><li>Cefoxitin</li></ul>	<ul><li>Cefprozil</li><li>Cefuroxime</li></ul>
Sulfonamides	Sulfadiazine Sulfamethoxazole-trimethoprim	
Tetracyclines	<ul><li>Doxycycline</li><li>Minocycline</li></ul>	Tetracycline
Third generation cephalosporins	<ul><li>Cefdinir</li><li>Cefixime</li><li>Cefotaxime</li></ul>	<ul><li>Cefpodoxime</li><li>Ceftazidime</li><li>Ceftriaxone</li></ul>
Urinary anti-infectives	<ul><li>Fosfomycin</li><li>Nitrofurantoin</li><li>Nitrofurantoin macrocrystals- monohydrate</li></ul>	• Trimethoprim

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### Required exclusion(s)

Exclusion	Time frame

Members in hospice or using hospice services
Any time

· Members who died

Any time during the measurement year



### **Important notes**

#### This measure addresses appropriate diagnosis and treatment for upper respiratory infections without prescribing an antibiotic

- An upper respiratory infection diagnosis can be from an outpatient, telephone, e-visit, virtual check-in, observation or emergency department visit between July 1 of the year prior to the measurement year and June 30 of the measurement year
- Members who have a competing diagnosis of pharyngitis on or 3 days after the diagnosis of upper respiratory infection should be excluded

### Medical record detail including, but not limited to

- History and physical
- · Progress notes

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### Tips and best practices to help close this care opportunity

- Please check your Patient Care Opportunity Report (PCOR) or Practice Assist often to see members with open care opportunities.
  If you have questions, your UnitedHealthcare representative can help.
- Details on the appropriate treatment of URIs are available at cdc.gov
- Sharing member demographic data is critical to understanding the cultural, linguistic and social needs of those we serve and decreasing health inequities across the care continuum. This data can include, but is not limited to, race, ethnicity, language, sexual orientation, gender identity, pronouns, sex assigned at birth and disability status.
- As part of the UnitedHealthcare clinical structured data exchange program, we encourage you to include this demographic data with any structured data file or CCD. Your information is confidential. UnitedHealthcare will keep personally identifiable information confidential and won't disclose any information without your written consent.
- Supplemental data may be used for required exclusions

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