ACP does not support NQF 1800: “Asthma Medication Ratio (AMR)“. Although we agree that all patients with persistent asthma should be prescribed a controller medication, there is a lack of evidence to suggest that the ratio of controller medications to total asthma medications should be 0.50 or greater. Also, it is unclear what constitutes this half. For example, is it the number of prescriptions or the medication dosage? Evidence indicates that the combination of controller and rescue medications in adults leads to improvements in lung function and symptoms in patients with asthma, however; the efficacy of long-term therapy is determined by a dose-response curve. Furthermore, the dose-response rate to controller medications may vary, thus some patients experience therapeutic effects at lower doses. Therefore, the potential for adverse effects must be weighed against the risk of uncontrolled asthma on an individual patient basis. Furthermore, to the extent that this is calculated by using dispensed medications, it may not reflect actual usage.