

Otolaryngology

2020 Clinical Integration (CI) Pharmacy Program

The following are Key Recommendations to help manage Opioid Prescribing:

- Consider non-opioid alternatives as initial therapy: acetaminophen, ibuprofen, gabapentin, and others.
- Prior to initial Rx for CII opioids, check Illinois Prescription Monitoring Program (IPMP) and document accessing site in patient medical record.
- When in doubt, check the Illinois Prescription Monitoring Program!
- For acute pain situations, consider limiting the quantity of opioid prescribed to ≤ 3 day supply or #10.
- Avoid prescribing benzodiazepines or sedative hypnotics to patients prescribed ≥ 50 MMEs (morphine milligram equivalents) per day.
 - ✓ Consider prescribing naloxone and educating patient and family on its use.
- For patients prescribed ≥ 90 MMEs (morphine milligram equivalents) per day consider prescribing naloxone and educating patient and family on its use.

Avoid using oral fluoroquinolone antibiotics unless necessary!

The following are Key Recommendations to help increase Generic Prescribing:

- Reinforce the value of generics with patients!
- Prescribe 90 day supplies of maintenance (chronic use) medications
- Use generic Acular (ketorolac 0.5%), generic Elestat (epinastine), generic Optivar (azelastine), generic Crolom (cromolyn 4%), generic Pataday (olopatadine 0.2%), generic Patanol (olopatadine 0.1%), or Zaditor (ketotifen) OTC.
 - Use Alocril, Alomide, Alex, Bepreve, Lastacraft, and Pazeo as secondary options.*
- Use Flonase Allergy Relief OTC, generic Flonase (fluticasone propionate), Flonase Sensimist OTC (fluticasone furoate), Nasacort Allergy 24HR OTC, generic Nasarel (flunisolide), generic Nasonex (mometasone furoate), or Rhinocort Allergy Spray OTC.
 - Avoid Beconase AQ, Dymista, Omnaris, QNASL, and Zetonna!**

Generic Advair Diskus (fluticasone/salmeterol) 50mcg/100mcg; 100mcg/50mcg; and 250mcg/50mcg inhalation powder is available!

Generic ProAir HFA (albuterol 90mcg/puff) 8.5g and generic Ventolin HFA (albuterol 90mcg/puff) 18g inhalers are available!

- **Use generic Astelin (azelastine), generic Astepro (azelastine), or generic Patanase (olopatadine). Avoid Dymista!!**

Evaluate the need for ongoing PPI therapy!

- **Use Nexium 24HR OTC, Prevacid 24HR OTC, Prilosec OTC, or Zegerid OTC as initial therapeutic options.**
- **Use generic AcipHex (rabeprazole), generic Nexium (esomeprazole), generic Prevacid (lansoprazole), generic Prilosec (omeprazole), or generic Protonix (pantoprazole) as secondary options. Avoid Dexilant!**

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- **High brand copays may result in the patient not obtaining the medication!**
 - **Non-Formulary medication prescribing may result in additional call-backs or faxes to the office from pharmacies, pharmacy benefit managers, and patients!**

The above applies to **outpatient** prescribing only!