

# Psychiatry

## 2020 Clinical Integration (CI) Pharmacy Program

### The following are Key Recommendations to help increase Payer Quality Scores:

- Schedule a return office visit within 30 days following prescribing an ADHD medication for patients 6-12 years of age!
- Order metabolic testing 1) at least one blood glucose or HbA1c and, 2) at least one LDL or cholesterol level for patients receiving two or more prescription fills for antipsychotics!
- Effective Acute Phase Treatment: for patients  $\geq 18$  years of age diagnosed with major depression treated with an antidepressant encourage continued therapy for at least 84 days (12 weeks)!
- Effective Continuation Phase Treatment: for patients  $\geq 18$  years of age diagnosed with major depression treated with an antidepressant encourage continued therapy for at least 180 days (6 months)!

### 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  $\leq 3$  day supply or #10.
- Avoid prescribing benzodiazepines or sedative hypnotics to patients prescribed  $\geq 50$  MMEs (morphine milligram equivalents) per day.
  - ✓ Consider prescribing naloxone and educating patient and family on its use.
- For patients prescribed  $\geq 90$  MMEs (morphine milligram equivalents) per day consider prescribing naloxone and educating patient and family on its use.

### The following are Key Recommendations to help increase Generic Prescribing:

- Reinforce the value of generics with patients, parents, and caregivers
- Prescribe 90 day supplies of maintenance (chronic use) medications (where appropriate)

**\*\*Continued on the reverse side\*\***

- Use generic Abilify (aripiprazole), generic Geodon (ziprasidone), generic Invega (paliperidone) generic Risperdal (risperidone), generic Seroquel/Seroquel XR (quetiapine/ER), or generic Zyprexa (olanzapine), where medically appropriate. Reserve brand agents such as Fanapt, Fazaclo, Latuda, Rexulti, Saphris, and Vraylar for those patients who do not respond to or cannot tolerate generic atypical antipsychotics.
- Use generic Adderall, generic Adderall XR, generic Concerta, generic Dexedrine Spansules, generic Focalin, generic Focalin XR, generic Metadate CD, generic Metadate ER, generic Ritalin LA, or generic Ritalin SR. Reserve Aptensio XR, Adzenys XR-ODT, Cotempla XR ODT, Daytrana, Dyanavel XR, Evekeo, ProCentra, Quilli Chew ER, Quillivant XR, Vyvanse, and Zenzedi as secondary options.
- Use generic Cymbalta (duloxetine), generic Effexor XR (venlafaxine ER), or generic Pristiq (desvenlafaxine ER) as SNRI therapeutic options.
- Use generic Celexa (citalopram), generic Lexapro (escitalopram), generic Paxil/Paxil CR (paroxetine), generic Prozac (fluoxetine), or generic Zoloft (sertraline).
- Use generic Ambien (zolpidem), generic Ambien CR (zolpidem ER), generic Intermezzo (zolpidem), generic Lunesta (eszopiclone), or generic Sonata (zaleplon) as short-term (<30 day) therapy. Reserve Belsomra, Edluar, and Rozerem as secondary options.

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- High brand copays may result in patients 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!