

Surgery

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.

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)
- 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.

The above applies to outpatient prescribing only!