

# Tonsillopharyngitis

CHI Formulary Treatment algorithm

Treatment algorithm- October 2023

Supporting treatment algorithms  
for the clinical management of  
Tonsillopharyngitis

Figure 1 outlines a comprehensive treatment algorithm for children and adults **Tonsillopharyngitis**, respectively, aimed at addressing the different lines of treatment after thorough review of medical and economic evidence by CHI committees.

For further evidence, please refer to CHI **Tonsillopharyngitis** full report. You can stay updated on the upcoming changes to our formulary by visiting our website at <https://chi.gov.sa/AboutCCHI/CCHIprograms/Pages/IDF.aspx>

Our treatment algorithm offers a robust framework for enhancing patient care and optimizing treatment outcomes across a range of treatment options, holding great promise for improving healthcare delivery.

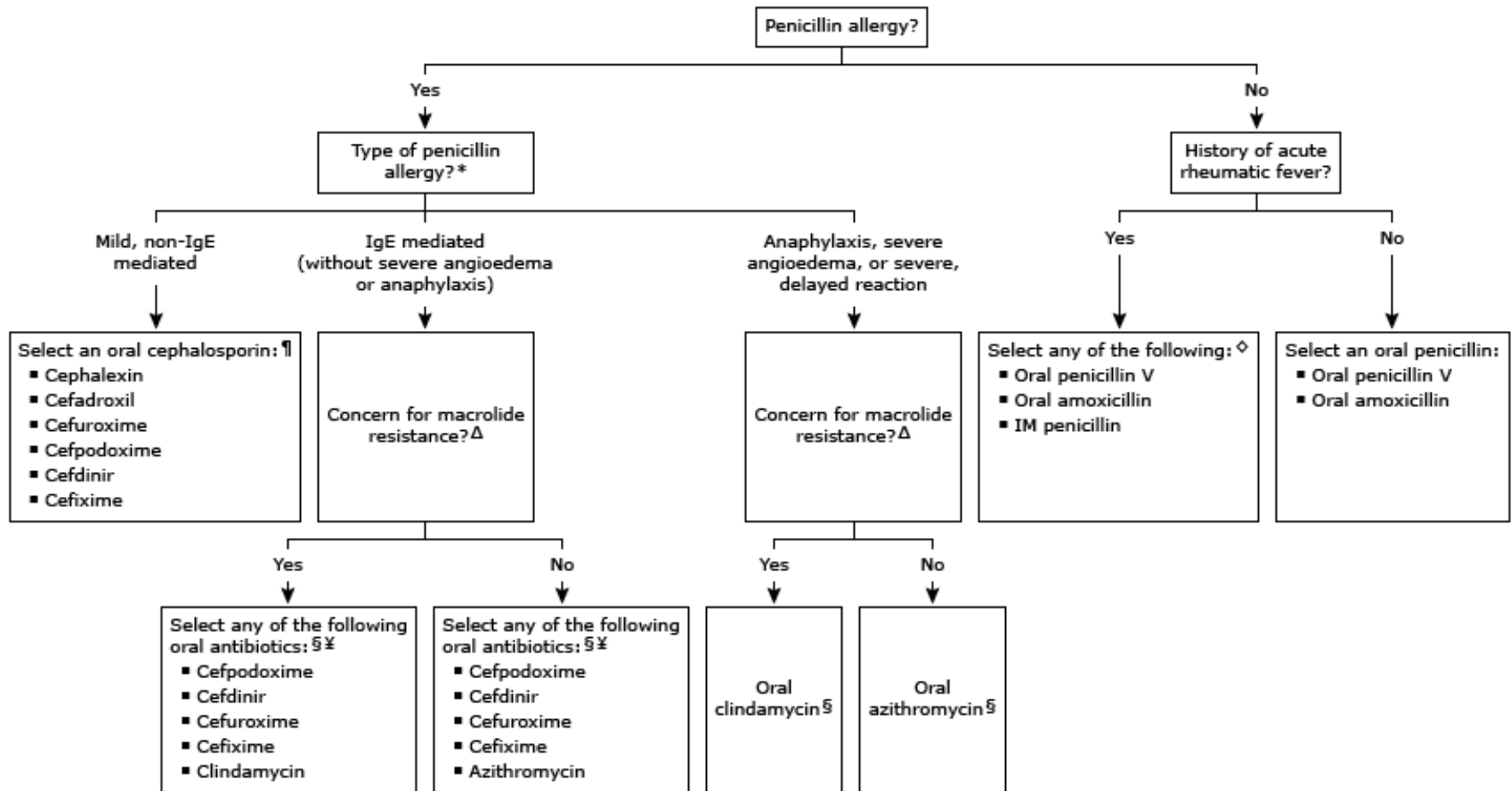


Figure 1: Treatment of streptococcal pharyngitis in children and adults

IgE: immunoglobulin E; IM: intramuscular.

\* Examples of mild, non-IgE-mediated reactions include maculopapular rashes. Examples of IgE-mediated reactions include hives, wheezing, angioedema, and anaphylaxis. Examples of severe, delayed reactions include Steven-Johnson syndrome, toxic epidermal necrolysis, acute interstitial nephritis, drug-induced hepatitis, and serum sickness.

¶ Approach to selecting among cephalosporins varies among experts. Some prefer to use a first-generation cephalosporin (eg, cephalexin) because of its narrow spectrum and low likelihood of cross reactivity. Others select a third-generation cephalosporin with a side chain that is dissimilar to penicillin (eg, cefpodoxime, cefdinir), although these agents have a broader spectrum.

Δ Macrolide resistance varies considerably by region, with higher rates observed in Asia and Europe when compared with the United States. Knowledge of local resistance patterns should guide antibiotic selection.

◇ Selection among these agents should be based on drug availability and patient preference. For patients with a history of acute rheumatic fever and penicillin allergy, antibiotic selection should be individualized.

§ Many patients with IgE-mediated reactions can tolerate cephalosporins. These patients should be referred for allergy consultation following treatment for streptococcal pharyngitis.

¥ Approach to selecting among these agents varies among experts. Some prefer cephalosporins due their high efficacy and low risk of cross-reactivity, while others favor selecting a non-cephalosporin alternative to avoid any possibility of cross-reactivity.