HOSPICE PHARMACY INSIGHTS

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FOR YOUR CONSIDERATION

COMBINATIONS DRUGS: BENEIFOT OR BURDEN?

There are good reasons to combine drugs in fixed-dose combinations (FDCs). Drugs for HIV/AIDS, oral contraceptives, antihypertensives, anti-Parkinson's, antibiotics, and some to treat tuberculosis are just a few examples. Combinations can simplify treatment, improve patient compliance, reduce prescribing errors and inadequate regimens, and may reduce drug supply management problems and cost. Studies have shown that these combinations are safe and effective, and there is plenty of evidence that FDCs improve compliance. Patients appreciate the convenience and the reduced co-pays (for one pill instead of two). But not all combinations make sense.

Sometimes drugs are combined for reasons other than therapeutic benefit. Drug companies create FDCs as a way to extend their proprietary rights, increase prices, and improve marketability. It is much less costly for them to combine existing drugs than to develop new ones. The FDA does not usually require additional studies before approving a combination product, as long as there is good data on the components and no concerns about safety issues.

One of those later drugs that we receive clinical calls regarding is Cosensi (amlodipine and celecoxib). Cosensi was approved by the FDA in July 2018 and is "indicated for patients on long-term treatment with celecoxib for osteoarthritis and have hypertension." The FDA recommends that celecoxib be taken at the lowest possible dose for the shortest possible time. When/if analgesic therapy is no longer needed, celecoxib should be discontinued, and amlodipine monotherapy initiated.

Cosensi is available in 2.5mg/200mg, 5mg/200mg and 10mg/200mg and is dosed once daily. The cost for one-month (30 tablets) ranges between $1100 and $1500 per month. Uncombined, amlodipine is $25-$50/month and celecoxib is $150/month.

FOR YOUR CONSIDERATION

POTASSIUM TABLETS VS LIQUID

Potassium comes in many formulations including tablets, capsules, granules, and liquid. The tablets and capsules are the most common and the least expensive. Occasionally we receive calls for clinical consultation for a patient having difficulty swallowing the large potassium tablets. The clinician is considering switching the patient to the liquid form and is wanting to know the cost.

Liquid potassium is available in 473ml bottles at 20meq/15mls. That is approximately 30 doses at $9.85/dose or $295/bottle. If the patient is using 40meq that 473ml bottle is approximately $600. Potassium tablets and capsules cost $30-$60/month.

If a patient is having difficulty swallowing their potassium tablets or capsules, we recommend the following from the Kdur package insert:

Kdur capsules may be opened and the contents sprinkled into applesauce, pudding, etc. In the case where a patient has a feeding tube, these contents can also be mixed in liquid and put down a G-tube or PEG tube.

Kdur tablets:

- Break the tablet in half and take each half separately with a glass of water.

Prepare an aqueous (water) suspension as follows:

- Place the whole tablet(s) in approximately ½ glass of water (4 fluid ounces).
- Allow approximately 2 minutes for the tablet(s) to disintegrate.
- Stir for about half a minute after the tablet(s) has disintegrated.
- Swirl the suspension and consume the entire contents of the glass immediately by drinking or using a straw.
- Add another 1 fluid ounce of water, swirl, and consume immediately.
- Then, add an additional 1 fluid ounce of water, swirl, and consume immediately.

Aqueous suspension of K-Dur tablets that is not taken immediately should be discarded. The use of other liquids for suspending K-Dur tablets is not recommended.

FOR YOUR CONSIDERATION

SOCIAL ISOLATION & DISENFRANCHISED GRIEF

As the incidence of COVID-19 infections continues to increase nationally, social isolation has substantially impacted the elder population in general and the hospice population in particular. Significant links have been found between social isolation and the increased risk of early mortality among older and seriously ill patients.

As COVID-19 cases and fatalities continue to climb, so does growing concern among hospice providers over the effects of isolation on the quality and experience of end-of-life care. Social isolation contributes to an increase in mental health issues such as depression, anxiety, and delirium in those who are terminally ill. Since patients, families, hospitals, and long-term nursing facilities remain under COVID-19 precautions, frontline hospice staff are not being allowed to make in-person visits, making it more likely that these mental health issues could be underrecognized and underdiagnosed. One strategy being employed is increased collaboration with referring facilities, psychiatric disciplines, and primary physicians as hospices work to support isolated patients and their families.

Not only does the pandemic negatively impact end-of-life care for patients but can be a source of disenfranchised grief for the patient's loved ones. Disenfranchised grief refers to any grief that goes unacknowledged or invalidated by social norms. This type of grief is often minimized or not understood by others, which makes it particularly hard to process and work through. This disenfranchisement can extend and intensify the grieving experience, interfere with a person's processing of grief and lead to decreased social support during bereavement. It may also exacerbate sadness, anger, guilt, and loneliness. Some bereaved individuals self-disenfranchise, in which they question the validity of their own experience. This is what hospices are finding during the pandemic.

According to the medical experts, it is quite likely, even with the introduction of viable vaccines, that COVID-19 will be a part of our daily lives well into the coming year. Thus, continued social isolation and disenfranchised bereavement will be a challenge for hospice professionals. This will challenge hospices to provide innovative ways to provide adequate end-of-life care involving goal setting, alternate care sites, and consultation services.

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REGULATORY CENTER

HOSPICE RELATED PROVISIONS IN COVID RELIEF AND FUNDING BILL

Prior to Christmas 2020, Congress passed the Consolidated Appropriations Act of 2021, an almost 6,000-page year-end legislative package. The bill provides $2.3 trillion in spending. In that bill, the following items are directly related to hospice and palliative care.

- Rural Access to Hospice Act (H.R. 2494/S.1190)
- “Helping Our Senior Population in Comfort Environments” Act or the “HOSPICE” Act (H.R.5821)
- Extension of IMPACT Act cap calculation adjustment
- Sequestration Relief
- Provider Relief Funding
- Modifications to and Clarifications for the Paycheck Protection Program

For more detail and continued follow-up regarding the impact of these provisions check with your state hospice association, NHPCO or NAHC.

Updated February 2021

DRUG SHORTAGE LIST

Albuterol (MDI)	**1/14/2021**
Atropine (Inj/Opth)	**1/5/2021**
Azithromycin (Inj)	**12/28/2021**
Dexamethasone (Inj)	**1/25/2021**
Enoxaparin (Inj)	**12/3/2020**
Fentanyl (Inj)	**1/25/2021**
Fluticasone (Inhale)	**12/4/2021**
Furosemide (Inj/Oral)	**1/24/2021**
Haloperidol (Inj)	**1/11/2021**
Heparin (Inj)	**1/12/2021**
Hydromorphone (Inj)	**12/22/2020**
Hyoscyamine (Inj)	**1/12/2021**
Ketamine (Inj)	**12/18/2020**
Ketorolac (Inj	**1/10/2021**
Levetiracetam (Inj/Tablets)	**11/21/2020**
Lorazepam (Inj/Oral)	**1/12/2021**
Losartan (Tabs)	**12/23/2020**
Methadone (Inj)	**1/25/2021**
Midazolam (Inj)	**1/24/2021**
Morphine (Inj/PCA vials/IR/tabs)	**1/29/2021**
Nitrofurantoin (Suspension)	**1/20/2021**
Octreotide (Inj)	**1/25/2021**
Ondansetron (HCL (Inj)	**1/10/2021**
Pantoprazole (Inj)	**1/22/2021**
Phenytoin (Inj)	**1/22/2021**
Prednisone (Tablets)	**1/12/2021**
Prochlorperazine (Tablets)	**10/30/20**
Promethazine (Inj)	**12/10/2020**
Sertraline (Tablets)	**1/14/2021**
Temazepam (Capsules)	**11/11/2021**
Tramadol (Tablets)	**11/21/2020**
Valsartan (Tablets)	**12/21/2020**
Vancomycin HCL (Inj)	**1/24/2021**
Venlafaxine HCL (Tablets ER)	**12/31/2020**
IVBags/Solutions (various)	**1/24/2021**