

# HOSPICE PHARMACY INSIGHTS

A close-up photograph of a gloved hand holding a syringe. The syringe is labeled "REMDESIVIR" in large, bold, black letters, with "ANTIVIRAL LIQUID" in smaller text below it. The background is blurred, showing more of the gloved hand and the syringe's plunger.

**REMDESIVIR**  
ANTIVIRAL LIQUID

**JULY 14TH,  
2020**

**PREPARED BY:  
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*Senior VP of Regulatory Affairs*



# AN UPDATE SYSTEM UPGRADES & CHANGES COMING 2020

Valued Hospice Clients,

I am writing to let you know of several positive changes we are making here at Wise Hospice Options! We made a commitment in 2019 to spend 2020 improving all of the systems our client's use on a daily basis. We are nearing the end of the process and this effort will bring all Wise Systems to a 2020 IT standard. This includes:

**Claims processing system** – This will start August 1st and gives us the updated framework necessary to further upgrade connected systems. There will be no billing info or processes change, this should be seamless with few issues.

**E-Prescribing** – We have listened to the feedback of hospice physicians who use this system daily and are following their advice to make improvements. This update will include a full re-write of the E-Prescribing platform to reduce clicks and make user flow more intuitive and friendly. This will be our own system and we are getting it SureScript certified around August 1st. We will be making changes shortly thereafter and training physicians and nurses on proper procedures.

**Billing and reporting systems revamped** – The new claims system will be automated, allowing us to bill sooner and get invoices out in a more timely manner. We are connecting our data warehouse to the new reporting system to allow for historical reports as needed, as well as on-demand reporting updated nightly. We are using Tableau Visualization software to create dashboards and have the ability to run comparison reports. We aim to provide you with answers and the tools for you and your staff to dive even deeper if needed or wanted.

**Moving invoicing to Bill.com** – This will allow for great flexibility and communication with our accounting software. Utilizing their e-payments and platform, we can reduce the risk of fraud and impersonation.

**DME System Upgrade** – This update is almost completed and will provide more features and functions than the current version. Our goal is to simplify the user interface and streamline the process.

While we are implementing these systems in the near future, it has placed a heavier burden on our IT and AR staff for May, June and July. Our goal is to automate invoices and reporting, and have your Hospice Coordinator review the data at each month's end to correct any issues so the invoices will be ready by the 1st or second day of the month.



# AN UPDATE SYSTEM UPGRADES & CHANGES COMING 2020 CONT.

During this transition time, we will be communicating more frequently. Debbie will be sending the June invoice out over the next 2 to 3 days. We are very conscious of the parts of our system that need to be improved. We are confident that these changes will be of great impact to your staff and reduce time spent entering data and waiting on the phone!

We appreciate your understanding while we transition to the 2020 standard we seek! The changes are big advances and will position us to be a market leader in Cost, Service, and Technology for the next 5 to 10 years. We are not charging extra for any services, the upgrades were paid by reinvesting most profit into the new systems.

Please don't hesitate to ask any questions, we are an open book and want you to know we are staying extremely competitive (still lowest Pharmacy Cost Benchmarks according to MVI data) and moving with great determination into the future. If there are other aspects of our business not mentioned that we can improve upon, please let us know.

Warm Regards,

A handwritten signature in black ink that reads "Grant Faubion". The script is fluid and cursive, with the first letters of each name being capitalized and prominent.

President & CEO

# FOR YOUR CONSIDERATION AN OVERVIEW OF REMDESIVIR

Although remdesivir would probably not be used for a hospice patient it is prudent to have some basic information related to its use, effectiveness, and side effects/adverse events. Remdesivir has not been approved to treat coronavirus or COVID-19. However, the FDA has authorized the emergency use of remdesivir in adults and children who are hospitalized with severe COVID-19. The COVID-19 Treatment Guidelines Panel of the NIH also recommends the use of remdesivir for patients with severe COVID-19. There are no recommendations for or against the use of remdesivir for patients hospitalized with mild to moderate COVID-19.

Remdesivir is given by IV once daily for up to 10 days. Treatment is for 5 days if the patient is not mechanically ventilated and 10 days if on a ventilator. It is not known what the most effective dose is. Currently the dosing guidelines are:

**Day 1 – 200mg IV/day, Day 2 – 10 – 100mg IV/day. The infusion should take 30 – 120 minutes.**

Side effects included constipation, nausea/vomiting, hypoalbuminemia, hypokalemia, anemia, thrombocytopenia, increased bilirubin, and elevated prothrombin time.

Since remdesivir is an investigational drug there are still multiple multinational randomized controlled trials in process. Currently there is insufficient data to be able to conclusively determine the overall effectiveness of remdesivir.

On June 29th the US federal government entered into an agreement with Gilead Sciences that established nonnegotiable prices for remdesivir and prioritizes for American patients. The price will be \$520/vial or \$3120/course of treatment. The drug will be sold exclusively in the United States through September 2020.

## LEARN MORE:

<https://www.drugs.com/mtm/remdesivir.html>

<https://www.covid19treatmentguidelines.nih.gov/antiviral-therapy/remdesivir/>



EMDESIVIR  
ANTIVIRAL LIQUID



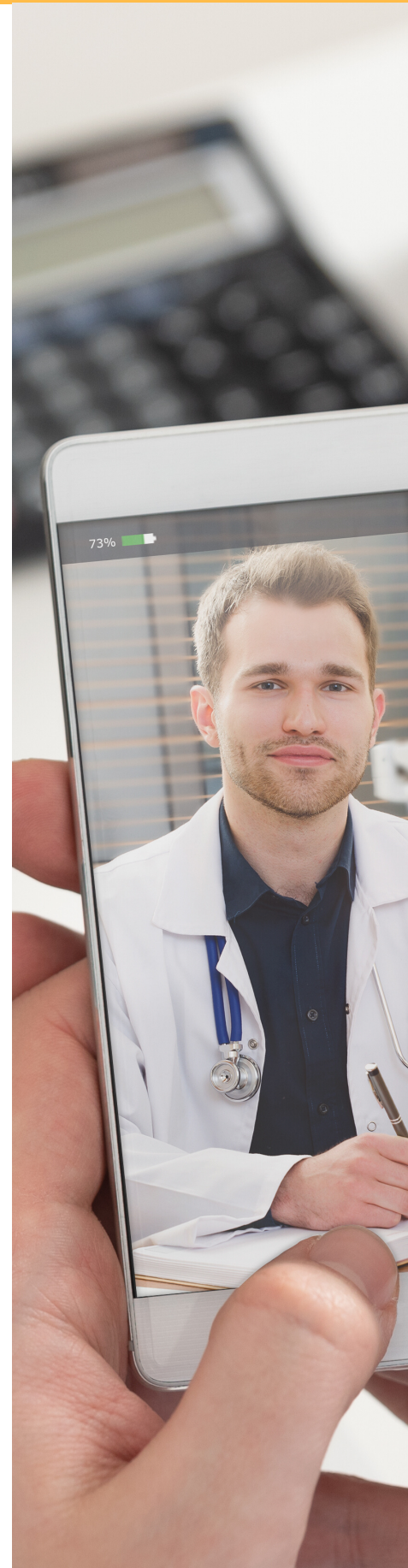
## REGULATORY CENTER

# COMMENTS TO CMS RE: INTERIM FINAL RULE

NAHC submitted comments on the interim final rule to CMS the last week of May. NAHC covered issues related to home health, federally qualified health centers, rural health clinics and hospice.

## BELOW ARE THE COMMENTS THAT PERTAIN TO HOSPICE:

- Request guidance on whether hospices must discharge patients when the hospice is unable to use two-way audio/visual technology and is also unable to enter a patient's home for the purpose of conducting the F2F. The question is whether CMS will allow the use of audio communication, alone, to fulfill the F2F requirement in special circumstances.
- CMS should clarify if hospices are able to bill under Medicare Part A for medical services provided by a hospice physician using telehealth during the public health emergency regardless of whether the hospice physician is the patient's designated attending physician.
- Although CMS has provided guidance as to the use of telehealth visits for hospice patients receiving routine home care due to COVID-19 exposure risk, CMS should also explain why this flexibility does not extend to hospice patients receiving inpatient services.
- Cited the hospice conditions of participation (CoPs) – which impose limited requirements for in-person visits – and requested that CMS clarify the permissibility of technology-based visits as determined appropriate by the interdisciplinary team and as specified on the hospice plan of care once the public health emergency has concluded.
- CMS should develop codes or modifiers that can be used by hospices to report technology-based visits on claims for reimbursement..
- CMS should clarify if technology-based visits may be reported on the patient's Hospice Item Set (HIS) discharge record.
- CMS should clarify its intent with respect to reporting of costs related to the public health emergency on hospice Medicare Cost Reports..





Updated July 2020

# DRUG SHORTAGE LIST

• <b>Albuterol (MDI)</b>	7/2/20
• <b>Atropine (Inj/Opth)</b>	6/15/20
• <b>Azithromycin (Inj)</b>	6/16/20
• <b>Dexamethasone (Inj)</b>	6/26/20
• <b>Doxycycline Hyclate (Inj)</b>	6/30/20
• <b>Enoxaparin (Inj)</b>	6/5/20
• <b>Erythromycin (Inj/Opth)</b>	5/23/20
• <b>Famotidine (Inj/Tabs)</b>	6/30/20
• <b>Fentanyl (Inj)</b>	6/26/20
• <b>Furosemide (Inj/Oral)</b>	7/2/20
• <b>Heparin (Inj)</b>	6/23/20
• <b>Hydromorphone (Inj)</b>	6/26/20
• <b>Hyoscyamine (Inj)</b>	5/28/20
• <b>Ketamine (Inj)</b>	6/30/20
• <b>Ketorolac (Inj)</b>	5/4/20
• <b>Levetiracetam (Inj/Tablets)</b>	6/24/20
• <b>Lorazepam (Inj/Oral)</b>	5/26/20
• <b>Losartan (Tabs)</b>	6/26/20
• <b>Methadone (Inj)</b>	6/26/20
• <b>Metronidazole (Inj)</b>	5/21/20
• <b>Midazolam (Inj)</b>	6/19/20
• <b>Morphine (Inj/PCA vials/IR/tabs)</b>	6/4/20
• <b>Nitrofurantoin (Suspension)</b>	7/1/20
• <b>Octreotide (Inj)</b>	6/26/20
• <b>Ondansetron (HCL (Inj)</b>	6/19/20
• <b>Pantoprazole (Inj)</b>	6/19/20
• <b>Prednisone (Tablets)</b>	7/1/20
• <b>Prochlorperazine (Tablets)</b>	6/30/20
• <b>Promethazine (Inj)</b>	5/28/20
• <b>Sertraline (Tablets)</b>	6/28/20
• <b>Temazepam (Capsules)</b>	4/29/20
• <b>Tramadol (Tablets)</b>	4/22/20
• <b>Valsartan (Tablets)</b>	6/12/20
• <b>Vancomycin HCL (Inj)</b>	6/5/20
• <b>Venlafaxine HCL (Tablets ER)</b>	6/5/20
• <b>IVBags/Solutions (various)</b>	6/30/20

