



# WISE

HOSPICE PHARMACY  
INSIGHTS NOVEMBER  
2019

**THIS MONTH:**

**CONSTIPATION MANAGEMENT**



**HOSPICE CARE IMPROVEMENT ACT  
OF 2019**



**EDUCATION AVAILABLE FOR  
2020**



**UPDATE TO MANAGEMENT OF  
C. DIFF**



**UPDATED DRUG SHORTAGE  
LIST**

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### FOR YOUR CONSIDERATION:

# Updates to Management of Clostridium Difficile



This article reviews the most current information available about the prevention and treatment of three types of constipation: chronic idiopathic (CIC), opioid induced (OIC) and irritable bowel syndrome (IBS-C).

The common thread through all the research is that prevention is key. Where possible diet and lifestyle can have significant positive impact in the management of constipation. However, hospice patients are often at a point in their life/disease trajectory where changing diet and lifestyle are not possible. Regardless of situation the use of appropriate medications to prevent/treat constipation is essential in good quality of life. What follows will be specific to hospice patients.

In general hospice patients have multiple factors that affect bowel function including; serious illness(es), advanced age, metabolic disturbances, multiple medications, compromised physical function, reduced fluid and food intake, etc. Standard, first line treatment for constipation is the use of stimulant laxatives and stool softeners. Movement to the newer products should not be made unless the first line drugs have failed.

# Wise Hospice Options

MEDICATION	AVG MONTHLY COST
<b><u>FIRST LINE</u></b>	
★ Bulk*	
Psyllium (10g daily)	\$8
★ Non absorbed Substances	
Polyethylene glycol (17g daily)	\$9
Lactulose (29g daily)	\$31
★ Stimulants	
Senna (17g daily)	\$7
Bisacodyl (10mg daily)	\$5
<b><u>SECRETORY</u></b>	
Lubiprostone/Amitiza (8-24µg twice daily)	<u>\$445</u>
Linaclotide/Linzess (72-290µg daily)	<u>\$509</u>
Plecanatide/Trulance (3-6mg daily)	<u>\$494</u>
<b><u>SEROTONIN AGONIST</u></b>	
Prucalopride/Motegrity (1-2mg daily)	<u>\$508</u>
<b><u>PAMORAS (OIC ONLY)</u></b>	
Naldemedine/Symproic (0.2mg daily)	<u>\$377</u>
Naloxegol/Movantik (12.5-25mg daily)	<u>\$427</u>
★ Methylnaltrexone/Relistor	
Subq (12mg every other day)	<u>\$2080</u>
Oral (450mg daily)	<u>\$2079</u>

# Wise Hospice Options

\*Bulk laxatives should be used with caution, if at all, in end of life constipation management.

As with many symptoms there are evaluation tools. One you might consider using (see link below) is the Rome IV Diagnostic Criteria for Constipation.

JAMA. Published online November 4, 2019:

<https://doi.org/10.1001/jama.2019.16029>

<https://www.mdcalc.com/rome-iv-diagnostic-criteria-constipation>

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## REGULATORY CENTER

# Hospice Care Improvement Act of 2019



This article reviews the most current information available about the prevention and treatment of three types of constipation: chronic idiopathic (CIC), opioid induced (OIC) and irritable bowel syndrome (IBS-C).

### Improving Quality Reporting and Transparency for Hospice Care

- Increasing Reported Hospice Data
- Improving the Hospice Survey Process
- Annual Report of Deficiencies

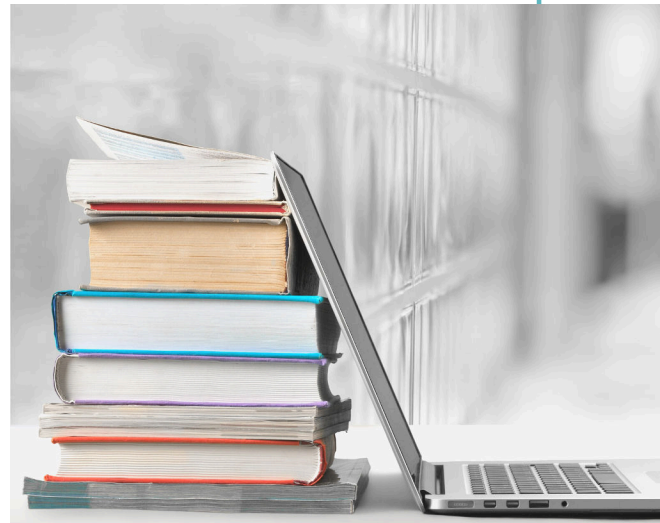
### Increasing Compliance of Quality Standards for Hospice Care

- Increasing Payment Reductions for Failure to Report Quality Measures
- Authority to Impose Alternative Sanctions

According to NHPCO they will continue to work with their legislative champions in the Senate to shepherd this bill through the legislative process and will continue to engage with their House champions on a companion bill.

## WISE SERVICES

# Education for 2020



This article reviews the most current information available about the prevention and treatment of three types of constipation: chronic idiopathic (CIC), opioid induced (OIC) and irritable bowel syndrome (IBS-C).

We will be scheduling quarterly sessions on current clinical topics such as; Comprehensive Pain Management, Appropriate Deprescribing and Documentation. In our January newsletter we will post our education schedule and topics. Login information for each session will be sent to your hospice's education coordinator along with handout and reference material.

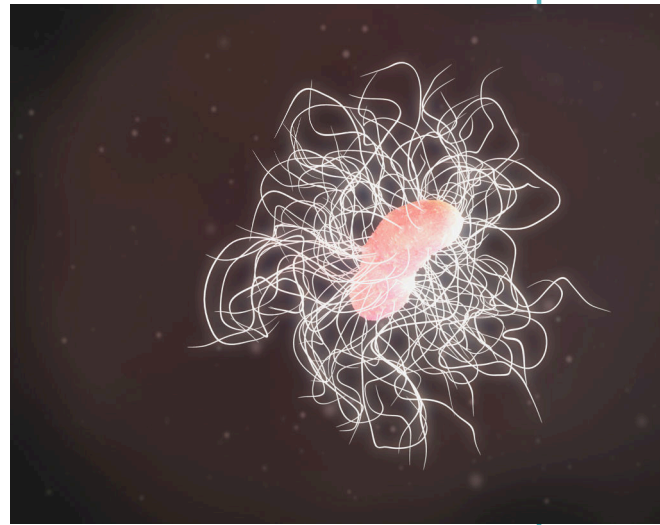
There will also be the option for your hospice to request online sessions outside of those quarterly sessions. Once again, that will be processed through your education coordinator.

Please stay tuned for updates and more details in January. Address any questions to David Bougher at [dbougher@wiseop.com](mailto:dbougher@wiseop.com).



## FOLLOW UP

### Updates to Management of C. Diff (Nov newsletter)



An alternative recommendation to the non-formulary vancomycin capsules (2-week supply ~\$1050):

The IDSA/SHEA indicates the use of metronidazole (Flagyl) as an alternative for non-severe, initial episodes of C-Diff: metronidazole 500mg TID x 10 days, ~\$40.

Literature also supports that oral metronidazole is as effective as oral vancomycin for the treatment of C-difficile and over utilization of vancomycin can lead to enterococcal and other staphylococcal resistance. Vancomycin should be reserved for those with severe-life threatening cases of C-Diff, is unable to tolerate, or otherwise contraindicated.

A more cost-efficient alternative to vancomycin capsules is the oral solution (Firvanq ~\$130/2-week supply).



## UPDATED Drug Shortages



These shortages are due either from manufacturing delays or shortage of raw ingredients. This is not an inclusive list, but the listed drugs may be used for hospice patients, especially in the inpatient setting.

<b>Atropine</b>	11/8/19
Inj/Opth	
<b>Bisacodyl</b>	11/5/19
Tablets	
<b>Carbidopa/Levodopa ER</b>	10/17/19
Tablets	
<b>Cipro</b>	10/29/19
Inj/Opth/Solution	
<b>Dexamethasone</b>	11/15/19
Inj	
<b>Diazepam</b>	10/1/19
Inj	
<b>Doxycycline Hyclate</b>	11/4/19
Tablets	
<b>Enoxaparin</b>	11/4/19
Inj	
<b>Fentanyl</b>	11/14/19
Inj	
<b>Fluticasone/Salmeterol</b>	10/29/19
Inhale	
<b>Furosemide</b>	11/7/19
Inj/Oral	
<b>Haloperidol</b>	11/13/19
Tablets	



## CONTINUED Drug Shortages



<b>Heparin</b> .....	<b>11/13/19</b>
Inj	
<b>Hydromorphone</b> .....	<b>11/8/19</b>
Inj	
<b>Ketamine</b> .....	<b>9/6/19</b>
Inj	
<b>Ketorolac</b> .....	<b>11/11/19</b>
Inj	
<b>Levetiracetam</b> .....	<b>11/8/19</b>
Inj/Tablets	
<b>Lorazepam</b> .....	<b>11/14/19</b>
Inj/Oral	
 <b>Losartan</b> .....	<b>11/1/19</b>
Tabs	
<b>Metronidazole</b> .....	<b>10/11/19</b>
Inj	
<b>Midazolam</b> .....	<b>11/14/19</b>
Inj	
<b>Morphine</b> .....	<b>11/11/19</b>
Inj/PCA vials/IR/tabs	
<b>Nitrofurantoin</b> .....	<b>9/11/19</b>
Suspension	
<b>Nystatin</b> .....	<b>10/4/19</b>
Suspensions	

## CONTINUED Drug Shortages



<b>Octreotide</b> .....	<b>11/12/19</b>
Inj	
<b>Ondansetron HCL</b> .....	<b>11/14/19</b>
Inj	
<b>Prednisone</b> .....	<b>11/1/19</b>
Tablets	
<b>Prochlorperazine</b> .....	<b>9/27/19</b>
Tablets	
<b>Promethazine</b> .....	<b>9/27/19</b>
Inj	
<b>Ranitidine</b> .....	<b>11/11/19</b>
Inj	
<b>Scopolamine</b> .....	<b>10/9/19</b>
Transdermal	
<b>Temazepam</b> .....	<b>11/15/19</b>
Capsules	
<b>Valsartan</b> .....	<b>10/16/19</b>
Tablets	
<b>Vancomycin HCL</b> .....	<b>11/6/19</b>
Inj	
<b>IV Bags/Solutions</b> .....	<b>11/5/19</b>
(Various)	