HOSPICE PHARMACY INSIGHTS FEBRUARY 2020

THIS MONTH:

ELECTION OF BENEFITS

EDUCATION FOR 2020

COST INCREASE: ONDANSETRON / ZOFRAN

DELIRIUM: UNDER RECOGNIZED & UNDER TREATED

BIOLOGICS & BIOSIMILARS

.

UPDATED DRUG SHORTAGE LIST

PREPARED BY: DAVID BOUGHER

REGULATORY CENTER:

Addendum of Election of Benefits Statements - Impact



According to Catherine Dehlin, RN, BSN, CHPN, CHCM, COQS of Fazzi Associates, the addendum of election of benefits will place a significant operational burden on hospices that will require the addition and updates of policies and procedures that include the following:

- Make the changes to the Notice of Election (NOE) as required by CMS.
- Provide extensive training to staff to ensure understanding of the changes.
- Coordinate with their electronic health record (EHR) vendor to ensure the addendum can be integrated into the system.

The sooner hospices develop the addendum, make changes to the policies and procedures, collaborate with their EHR vendor to integrate the addendum into the system the sooner staff training can begin. Comprehensive training of staff about the implementation and use of the addendum will be the most time consuming yet essential aspect of ensuring the smooth transition to the use of the new NOE on October 1, 2020.

WISE SERVICES

Education 2020



On March 24, 2020 we will be offering the class "Alternate Routes of Drug Administration" at 10:30am Central Time. The class will be 60 minutes and will be online via our RingCentral platform. Registration may be coordinated through your education coordinator or by emailing David Bougher at dbougher@wiseop.com directly.

Class Objectives:

- List the alternate routes of drug administration most commonly used for hospice patients.
- Discuss the advantages/disadvantages to the use of each route.
- Recognize the challenges each method of administration poses to care givers.
- Incorporate the information learned in this presentation to enhance current practice

FOR YOUR CONSIDERATION

Cost Increase: Ondansetron / Zofran



Since many of our hospices use ondansetron/Zofran in their E-Kits we wanted to make you aware that price has been increasing since October 2019. At this point we do not know if this trend will continue but we will continue to monitor.

The increase has occurred in both the tablet form and the orally disintegrating (ODT) form.

The approximate prices range from \$3.80/4mg tablet to \$6.30/8mg ODT.

The cost of ondansetron still remains less than the antiemetic suppositories:

prochlorperazine/Compazine (\$12.50/supp) or promethazine/Phenergan (\$9.00/supp).

Whenever you need to get a price for a medication you can always call our clinical consultation line (800-856-9757 ext #8) 24 hours/day.

FOR YOUR CONSIDERATION Delirium - Under Recognized, Under Treated



Wise Hospice Options is developing a class that specifically looks at the diagnosis, prevention and treatment of delirium.

Why is delirium under recognized? Neglecting the baseline mental status assessment and not recognizing the risk factors: hypoactive delirium (70% of all delirium), age > than 80, sensory impairment, dehydration, global brain injury, organ failure, psychoactive medications, dementia. Clinicians should distinguish between delirium and other conditions such as dementia, depression, psychosis, opioid induced neurotoxicity and serotonin syndrome.

Delirium is characterized by an acute change in mental status and has an underlying physiologic cause. The cause(s) is usually reversible. Signs and symptoms are extensive and include rapid onset (minutes to days), agitation, altered level of consciousness, confusion, delusion, disinhibition, disorganized thinking, hallucination, inattention, irritability, labile affect and psychosis.

FOR YOUR CONSIDERATION Delirium - Under Recognized, Under Treated Cont.



Delirium is often preventable and, if it occurs, may be reversible.

- Environmental management, including reduction of medication burden and attention to withdrawal, is foundational to prevention. Appropriate deprescribing.
- Routine use of a screening tool for high risk patients (over 65, dementia, renal/hepatic dysfunction, on multiple psychoactive medications, infected, severely ill) ensures early detection.
- Once detected, identify and attempt to reverse the underlying cause; consider clysis in appropriate cases.
- Pharmacologic management is a last resort for dangerously combative patients and those in the final hours of life.
- Palliative sedation may be appropriate for irreversible EOL delirium.

The above is a very brief overview of delirium. Stay tuned to this newsletter for updates on the development of this important class. To request information regarding references for further information on the recognition, treatment and prevention of delirium contact David Bougher at dbougher@wiseop.com.

FOR YOUR CONSIDERATION In Case You Were Wondering

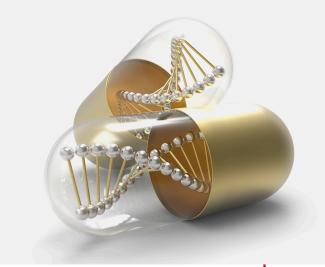


Have you heard the terms "biologics" and "biosimilars" in reference to medications and wondered what they were? What are the differences between the two of them? How they compare to "generics"? Read on for a brief overview.

<u>Generic drugs</u> are copies of brand-name drugs that have the same dosage, intended use, effects, side effects, route of administration, risks, safety, and strength as the original drug. The FDA requires that generic drugs be as safe and effective as brand-name drugs. Generic medications came on the market in 1985 to expand patient access to medications and to encourage competitive pricing.

<u>Biologic drugs</u> are large, complex proteins made from living cells through highly complex manufacturing processes. Biologics include recombinant proteins, tissues, genes, allergens, cells, blood components, blood, and vaccines. The rheumatoid/psoriatic arthritis drugs (Humira- \$8200/month and Enbrel-\$7000/month) currently being advertised on television are examples of biologics.

FOR YOUR CONSIDERATION In Case You Were Wondering -Cont.



<u>Biosimilar drugs</u> (sometimes referred to as "biogenerics") are brand name products that are highly similar to an already existing brand name, original biologic, but unlike generic drugs, are not identical. Example of biosimilars, to Humiria, are AMJEVITA and Cyltezo, which have been FDA approved but are not available in pharmacies yet. Hyrimoz is the third Humira biosimilar but is waiting for FDA approval.

Biologic and biosimilar drugs are used to treat patients with cancer, renal disease and autoimmune diseases. According to the RAND Corporation, the use of biosimilar drugs will result in health care savings in the billions of dollars over the next 10 years.

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.

Note: Items marked with a syringe are new from the previous month's newsletter.

| Atropine | 1/13/20 |
|-----------------------|----------|
| Inj/Opth | |
| Bisacodyl | 1/22/20 |
| Supplements | |
| Carbidopa/Levodopa ER | 1/17/20 |
| Tablets | |
| Cipro | 12/9/19 |
| Inj/Opth/Solution | |
| Dexamethasone | 12/18/19 |
| Injectable | |
| Diazepam | 12/23/19 |
| Injectable | |
| Doxycycline Hyclate | 1/14/20 |
| Tablets | Page 09 |

UPDATED Drug Shortages



| Enoxaparin | 12/13/19 |
|------------------------|----------|
| Inj | |
| Erythromycin | 1/3/20 |
| Inj/Opth | |
| Famotidine | 1/21/20 |
| Inj/Tabs | |
| Fentanyl | 1/20/20 |
| Inj | |
| Fluticasone/Salmeterol | 1/10/20 |
| Inhale | |
| Furosemide | 1/3/20 |
| Inj/Oral | |
| Haloperidol | 1/14/20 |
| Tablets | |
| Heparin | 1/17/20 |
| Inj | |
| Hydromorphone | 1/20/20 |
| Inj | Page 10 |
| | |

continued Drug Shortages



| Ketamine | 1/3/20 |
|-----------------------|----------|
| Inj | |
| Ketorolac | 1/22/20 |
| Inj | |
| Levetiracetam | 1/22/20 |
| Inj/Tablets | |
| Lorazepam | 1/23/20 |
| Inj/Oral | |
| Losartan | 1/8/20 |
| Tabs | |
| Metronidazole | 11/27/19 |
| Inj | |
| Midazolam | 1/24/20 |
| Inj | |
| Morphine | 1/24/20 |
| Inj/PCA vials/IR/tabs | |

continued Drug Shortages



| Nitrofurantoin | 11/23/19 |
|------------------|----------|
| Suspensions | |
| Nystatin | 12/9/19 |
| Suspensions | |
| Octreotide | 1/19/20 |
| Inj | |
| Ondansetron HCL | 1/17/20 |
| Inj | |
| Prednisone | 1/16/20 |
| Tablets | |
| Prochlorperazine | 1/15/20 |
| Tablets | |
| Promethazine | 12/18/19 |
| Inj | |
| Ranitidine | 1/17/20 |
| Inj | |
| Scopolamine | 11/20/19 |
| Transdermal | |

CONTINUED Drug Shortages



| Valsartan | 1/23/20 |
|-------------------|---------|
| Tablets | |
| Vancomycin HCL | 1/7/20 |
| Inj | |
| IV Bags/Solutions | 1/22/20 |
| (Various) | |