the Remedi Pulse

HIGH COST DRUG STRATEGIES

Remedi SeniorCare EDUCATION Rx

A CLINICAL AND REGULATORY UPDATE FROM REMEDI SENIORCARE

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Survey Solutions

with William Vaughan, BSN, RN
VP of Education & Clinical Affairs

High Cost Drugs and Regulatory Requirements: Does a Free Pass Exist?

Surveyors look at many factors when determining if a facility is in compliance with regulations, but are economics one of them? In this issue of *The Pulse*, we complete our review of standards related to urinary tract infections and begin a two month look at high cost medications. In the article below, as a former surveyor, I address what impact the cost of care has on regulatory decisions (hint: it's not much!).

- **RESIDENT NEED:** Surveyors have a luxury afforded to very few in the world of healthcare - they make decisions based exclusively on regulatory requirements and the needs of residents with little, if any, consideration to the cost of care. They do not routinely receive in-depth training on or have an independent understanding of long-term care payment systems. Think of the last time you had a discussion with a surveyor; did the cost to comply with a regulation get much attention? Have you ever seen a regulation written as follows: "Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care … unless it's really expensive to do so!"

When it comes to medications, there is great regulatory momentum behind a medication order. The expectation is the prescriber has fully evaluated the resident and concluded that any risk associated with an ordered medication is outweighed by its benefits. Facilities are expected to follow orders unless there is a clinical, not monetary, reason to question them. Facilities that accept capitated insurance plans, which require the facility to cover the cost of medications, should therefore have a robust process in place to fully evaluate drug costs prior to admission. Using cost as a reason to withhold a medication will typically generate an unsympathetic

continued on page 4

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Urinary Tract Infections: A Clean Catch 22: Part 2

Prepared By: Erin M. Foti, PharmD, CGP, Lead Consultant Pharmacist, Midwest Region

Since the discovery of Penicillin in 1928, antibiotics have been an essential tool for combating infections. However, current practices have resulted in an estimated 50% of antibiotics being over-prescribed or prescribed inaccurately. On March 27, 2015, the White House released an initiative called the "National Action Plan for Combating Antibiotic-Resistant Bacteria" with the following goals and outcomes, most notably:

- Slow the emergence of resistant bacteria
- Prevent the spread of resistant infections
- Establishment of comprehensive antibiotic stewardship programs in all acute care settings
- Improved antibiotic stewardship programs across all healthcare settings
- Reduction of inappropriate antibiotic use by 50% in the outpatient setting and by 20% in inpatient settings

Our goal, as health care providers, should be to optimize drug therapy to treat infections, while minimizing adverse side effects. The paradigm of UTI treatment has shifted, as a result of increasing antibiotic resistance and emergence of Clostridium difficile infections. When an UTI is suspected, consider these critical points to determine the course of action:

- Asymptomatic bacteriuria (presence of bacteria found in the sample by microscopy or culture, without the typical symptoms of UTI) - growing evidence that it should not be treated with antibiotics and may actually cause more harm
- Uncomplicated UTI - treat for three days in women / seven days in men
- Complicated UTI (includes the upper genitourinary system or develops into the blood stream) - treat for 14-21 days
- 80% of UTIs are Escherichia coli
- Resident allergies to antibiotics
- Antibiotic pharmacokinetics - broad vs. narrow spectrum, renal function
- Potential side effects and drug interactions
- Cost

The current management is to limit treatment to narrow spectrum antibiotics (versus the broad spectrum antibiotics), until a Culture & Sensitivity (C&S) report can be obtained and reviewed. When communicating the C&S results to the prescriber, the nurse should ensure that all bacteria and antibiotic sensitivity information is conveyed. If the narrow spectrum antibiotics are resistant to the offending bacteria, a broader spectrum antibiotic may be selected. Broad spectrum antibiotics should be chosen carefully, since cost, side effects, and skilled care may be increased.

A WORD ABOUT WARFARIN: Many antibiotics can affect warfarin metabolism and INR. For residents taking warfarin who are

continued on next page

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continued from page 1

- response from a surveyor - and potentially cost the facility much more in civil money penalties than the original cost of the drug.

- **WHAT ABOUT THERAPEUTIC INTERCHANGE?** According to the American Society of Consultant Pharmacists, "therapeutic interchange is the dispensing of medications by pharmacists that are chemically different, but therapeutically similar to the medication prescribed. The well-being of the patient should always be the primary consideration, when therapeutic interchange is considered. However, because of the increasing number of medications within therapeutic categories, and the often wide variations in price among those medications, there is potential for significant cost savings through therapeutic interchange." Long-term care facilities, working with their Medical Directors, Directors of Nursing, and Consultant Pharmacists, have established automatic therapeutic interchange programs, which result in a seamless substitution of ordered medication. In this case, cost is a consideration, but the practice is compliant with federal regulations, because the best interest of the resident is the primary driver of decisions. Surveyors will look to see that staff is trained and competent in all aspects of the therapeutic interchange program.

- **PLANS OF CORRECTION:** Each time a nursing facility is cited for a federal deficiency at a scope and severity level of "B" or higher, a plan of correction must be submitted to and approved by the state survey agency. Surveyors may be involved in reviewing plans of correction and will not necessarily appreciate the economic impact that occurs, when one is rejected. For example, to address a deficiency related to a delay in treating low blood glucose, a surveyor may demand that every diabetic have his/her own glucagon kit. Plans of correction need to effectively address a deficient practice, but do not have to do so in the most expensive way possible. Facilities should advocate for effective and cost efficient plans of correction by providing state agencies with evidence-based data to support their implementation.

So while there is no real free pass when it comes to economics and surveys, as described above, there are cost effective ways for facilities to maintain compliance. For more concrete approaches to controlling drug cost, see Rob Shulman's article in this edition of *The Pulse*.

References

[1] GUIDELINES FOR IMPLEMENTING THERAPEUTIC INTERCHANGE IN LONG-TERM CARE (https://www.ascp.com/resources/policy/upload/Gui97-Therapeutic%20Interchange.pdf)

Urinary Tract Infections

continued from previous page

placed on an antibiotic, more frequent PT/INR monitoring should occur during the course of antibiotics (every 48-72 hours) and up to a week after treatment is complete.

PREVENTATIVE MEASURES: UTI prevention is important in the long-term care resident. Certain steps, such as maintaining good hydration status, wiping front to back, keeping the perineal area clean, avoiding baths, and changing adult diapers frequently, are important areas of focus. Postmenopausal women with frequent recurrent UTIs, patients undergoing urologic or gynecologic procedures, spinal cord injury, and men with chronic bacterial prostatitis may possibly benefit from antibiotics. Cranberry juice and Vitamin C are thought to be helpful in altering the pH of the urinary tract, though evidence is still inconclusive.

The accompanying chart includes common antibiotics and the different caveats associated with each medication.

References

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[ii] http://www.cdc.gov/getsmart/healthcare/implementation/core-elements.html

[iii] https://www.whitehouse.gov/the-press-office/2015/03/27/fact-sheet-obama-administration-releases-national-action-plan-combat-ant

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Common Antibiotics for UTI Management

MEDICATION	USUAL DOSE	RENAL DOSE	COMMON SIDE EFFECTS	SPECIAL CONSIDERATIONS
Bactrim DS	1 tablet BID x 3-14 days depending on severity of infection	CrCl 15-30: reduce dose by 50% CrCl < 15: Avoid use HD - dose after	N/V/D, rash, itching, photosensitivity, dizziness, weakness	Hepatic dosing caution in impairment; significant impairment contraindicated **WATCH INR** **SULFA ALLERGY Do NOT use** Watch for hyperkalemia, hyponatremia, reduced platelets Caution in seizure patients
Macrobid (Nitrofurantoin)	100 mg Q 12H x 5-7 days	CrCl < 60 mL/min: Contraindicated	N/V/D, vertigo, dizziness, rash, itching, arthralgia, myalgia, weakness, yellow/brown urine	Give with food **Macrobid is ER-do not crush/chew/split; not suitable for enteral tubes; liquid available** **WATCH INR**
Quinolones (Cipro/ Levaquin only)	**Cipro:** UC* 250 mg Q 12H x 3 days; C* 500 mg Q 12H x 7-14 days **Levaquin:** UC* 250 mg daily x 3 days; C* 750 mg daily x 5 days	**Cipro:** CrCl 30-50: 250-500 mg Q 12H CrCl 5-29: 250-500 mg Q 18H CrCl< 5 ND** **Levaquin:** Usual dose 750 mg: CrCl: 20-49 750 mg Q 48 CrCl: 10-19 750 mg x1 then 500 mg Q 48H CrCl< 10 ND Usual dose 500 mg: CrCl 20-49: 500 mg x1, 250 mg daily CrCl 10-19: 500 mg x1, 250 mg Q 48H CrCl < 10 ND Usual dose 250 mg: CrCl 10-19: 250 mg Q 48H CrCl< 10 ND	LFTs increased, arthralgia, tendinitis, rash, itching, N/V/D, abdominal pain, photosensitivity, insomnia, dizziness, restlessness, upset stomach	**Cipro:** Hepatic dosing caution in impairment Both Medications: WATCH INR Avelox and Factive are respiratory quinolones and do not enter the urinary system. **Caution: May cause QT prolongation and myasthenia gravis exacerbation**
Beta Lactams	**Augmentin:** 500-875 mg BID **Ampicillin:** 250-500 mg Q 6H **Amoxicillin:** 500-875 mg Q 12H	**Augmentin:** 875 mg do not give CrCl <30 **Ampicillin:** CrCl 10-50: Q 6-12H; CrCl < 10: Q 12-24H HD-dose after **Amoxicillin:** CrCl 10-30: give Q 12H CrCl < 10: give daily; 875 mg do not give CrCl < 30	Nausea, diarrhea, rash, black hairy tongue	**Augmentin:** Give with food or milk **Ampicillin:** Give PO form 1-2 hours before food on empty stomach WATCH INR Do not use with PCN allergy Caution in seizure patients

UC= uncomplicated C= Complicated **ND= not defined HD = hemodiaylsis

Nurse of the Month

DIANE JACKSON, LPN
Jefferson Healthcare Center, Jefferson, OH

CONGRATULATIONS to Diane Jackson, LPN, Jefferson Healthcare Center, Jefferson, OH for being chosen as the Remedi Nurse of the Month. Diane was nominated by her DON, Melanie Peterson. Per Melanie, "Diane has worked at Jefferson for 26 years, six years as a state tested nursing assistant and the last 20 years as an LPN. She is a caring and compassionate nurse and not only cares for the residents on the dementia unit, she cares for their family, as well. Diane understands the disease and how it may hinder the communication between resident and family member and assists family members in interactions with their loved ones. She takes the time to see who each resident is beyond the disease. No matter what her day brings, Diane always smiles, deals with what she is dealt, and provides excellent care to our residents. We are blessed to have Diane as part of our team."

The Remedi "Nurse of the Month" exemplifies excellence in nursing practice. Email your Nurse of the Month nomination(s) to Rebecca.Ogden@RemediRx.com. Nurses Rock!!

10 Ways to Control High Cost Drugs

Prepared by: Rob Shulman, BS, R.Ph., CGP, FASCP, Director of Consultant Pharmacy Services

As drug prices continue to rise and reimbursement continues to decline, long-term care facilities are under more pressure to manage costs associated with drug utilization. The following are several concepts, policies, and processes that, if operationalized, can minimize waste and maximize cost-effectiveness, resulting in a reduction of overall pharmacy drug spend:

- Obtain pricing for all medications on every potential admission. Remedi SeniorCare customers can utilize the *My Remedi* portal – Drug Price Quote function to assist with this critical step.
- Set up a cost limit for the admission, above which the facility administrator is notified and approval sought for acceptance of the admission. A reasonable limit to notify administration is ≥ $3000.00 per month.
- Pharmacy may provide high dollar medication lists to help identify potentially more expensive medication.
- Ensure prescribers are enrolled in the pharmacy Automatic Therapeutic Interchange program. (ATI). Depending on utilization, the interchanges can represent significant cost savings to the facility bill.
- Obtain the hospital MAR upon admission to review PRN medication utilization. If a patient was not utilizing a PRN medication in the hospital, it can be noted as "profile only," so the pharmacy doesn't send it. If needed, a dose can be removed from contingency supply. Zofran (ondansetron) and glucagon are particularly expensive and would fall into this category.
- Hospital MARs can also go a long way in establishing stop dates for medications, such as antibiotics, anticoagulants, non-sedating antihistamines, and others. If a medication was ordered for 10 days in the hospital and the LTC facility receives the patient on day 5, then it is reasonable to assume there are 5 days remaining. The order sent to the pharmacy should reflect this.
- Consult with pharmacist or prescriber on high-dollar new admission medications to identify potential lower cost substitutions.
- Review new admission medications closely for duplicate therapies, which add cost and increase risk for adverse events.
- Where state regulations permit, coordinate with your pharmacy and identify a specific bulk OTC formulary for your facility. Typically the facility can purchase bulk OTC items at a cheaper cost from their own supplier, compared to individual patient-specific orders dispensed from the pharmacy.
- In general, liquid dosage forms of medications are more expensive than their tablet or capsule counterparts. Switching to a tablet or capsule form can often result in significant cost savings. For patients with a feeding tube in place, check with a pharmacist to see if opening a capsule or crushing a tablet is feasible.

Medication cost savings can be accomplished with the help of several members of the interdisciplinary team from the Admissions Coordinator, including the Director of Nursing, Physician, and Pharmacist, up to the Administrator. It takes everyone making a conscientious effort, and being accountable for their part for success. Utilization of pharmacy dispensing systems and available software, such as Paxit and *My Remedi* can certainly help.