Treating COVID-19+ Patients in Place in PA/LTC: Part II – Pharmaceutical Management

This meeting will be recorded and will be available at www.fmda.org/journalclub.php
Agenda

- COVID 19 state of the state
- CMS update & Literature Review
- Pharmacy Deep Dive
- Open Discussion
- Quick Review: Telehealth
Total Cases
14,747

Positive Residents
14,302

Hospitalizations
1,893

Deaths
296

New Cases by Day: Last 30 Days

Florida case data is updated at approximately 11:30 a.m. and 6:30 p.m. daily.
Florida Stats
updated 4/7/2020
United States of America

Hospital resource use

3 days until peak resource use on
April 11, 2020

Resources needed for COVID-19 patients on peak date

- All beds needed: 94,249 beds
- ICU beds needed: 19,438 beds
- Bed shortage: 15,852 beds
- ICU bed shortage: 9,047 beds
- Invasive ventilators needed: 16,524 ventilators

https://covid19.healthdata.org/projections
13 days until peak resource use on
April 21, 2020

Resources needed for COVID-19 patients on peak date

- All beds needed: 8,224 beds
- ICU beds needed: 1,557 beds

Resources available on peak date

- All beds available: 20,184 beds
- ICU beds available: 1,695 beds

Bed shortage: 0 beds

Ventilators needed: 1,323 ventilators

https://covid19.healthdata.org/projections
COVID-19 Long-Term Care Facility Guidance
April 2, 2020

The Centers for Medicare & Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) are issuing new recommendations to State and local governments and long-term care facilities (also known as nursing homes) to help mitigate the spread of the 2019 Novel Coronavirus (COVID-19). Long-term care facilities are a critical component of America’s healthcare system. They are unique, as they serve as both healthcare providers and as full-time homes for some of the most vulnerable Americans.
Postacute Care Preparedness for COVID-19
Thinking Ahead

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JAMA. Published online March 25, 2020. doi:10.1001/jama.2020.4686
Skilled Nursing Facility Beds, 2019


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Pharmacy Deep Dive
Pharmacy Deep Dive - Preparedness

- Ensure lines of communication between you, your pharmacy and your consultant pharmacist
- Be aware of prescribing requirements and restrictions ahead of time to eliminate potential delays in therapy
- Review your emergency ordering procedures
- Review your emergency kit or automated dispensing system contents
- Review your patients receiving nebulizer treatments or other aerosol-generating treatments
COVID-19 Pharmaceutical Management

• Initial Treatment
  • hydroxychloroquine (HCQ) / chloroquine (CQ)
    • FDA: HCQ 800mg day 1, 400mg daily for 4-7 days. CQ 1000mg day 1, 500mg daily for 4-7 days. Duration depends on response.
  • CDC lists several regimens:
    • HCQ 400mg BID day 1, then 400mg daily for five days
    • HCQ 400mg BID day 1, then 200mg twice daily for four days
    • HCQ 600mg BID day 1, then 400mg daily for four days

• azithromycin
  • Open-label study added standard “Z-Pak” dosing: 500mg Day 1, then 250mg for days 2 through 5
COVID-19 Pharmaceutical Monitoring

- QTc prolongation – monitoring highly recommended, especially for those at risk
  - Multiple QTc prolonging medications:
    - azithromycin and other macrolides; quinolones (Levaquin etc); keto/fluconazole
    - Tricyclics – doxepin, amitriptyline, imipramine
    - amiodarone, dronedarone, sotalol, flecainide, quinidine, procainamide, disopyramide
    - haloperidol, quetiapine, olanzapine
    - donepezil, cilostazol, methadone, ondansetron, escitalopram / citalopram
  - Electrolyte abnormalities – diuretic use
  - Age > 65
  - Female
- CBC / LFTs / SCr – there is growing evidence of significant renal and hepatic dysfunction acutely and post-infection (duration?)
  - Increases risk for pharmacokinetic interactions with pre-existing treatments
Other medication considerations

• Protease inhibitors – (e.g. ritonavir) no evidence of benefit in COVID-19
• IL-6 pathway inhibitors – anecdotal reports only, trials ongoing
• ACE-inhibitors
  • there is no evidence that supports the speculation of higher risk
  • ACC / AHA / HFSA issued statement recommending continuing in patients already receiving for heart failure, hypertension, ischemic heart disease
• Immunotherapies should be evaluated on a case by case basis
• Nebulizers
  • Convert COVID positive and PUI to non-aerosol generating therapies when possible
• NSAIDs – anecdotal reports of worsening symptoms w/o definitive studies. Consider APAP as first line for fever; continue NSAIDs / COX2s case by case
COVID-19 Deprescribing Considerations

- Evaluate medications in the context of acute or post-acute COVID illness, particularly renally cleared medications
  - narrow therapeutic window
    - Digoxin, lithium
    - vancomycin (IV), aminoglycosides – ensure pharmacy is aware when dosing
  - Metformin, H2 antagonists (famotidine), DPP-4 inhibitors (gliptins)
  - Gabapentin / pregabalin
  - Dabigatran
  - Benzodizapines
  - Statins
  - NSAIDs, COX2 inhibitors
COVID-19 Deprescribing Considerations - Others

- Evaluate “non-essential” medications – evaluate on case by case basis; weigh short and long-term risk and benefit
  - Vitamins, OTCs, Herbals
  - Acid-reducing medications
  - Cholesterol treatments
  - Osteoporosis treatments
  - Dementia and psychiatric treatments
  - Appetite medications (mirtazapine)
  - Limited duration medications – cough and cold
Open Discussion
Quick Review: Telehealth
<table>
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<tr>
<th>TYPE OF SERVICE</th>
<th>WHAT IS THE SERVICE?</th>
<th>HCPCS/CPT CODE</th>
<th>Patient Relationship with Provider</th>
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| MEDICARE TELEHEALTH VISITS | A visit with a provider that uses telecommunication systems between a provider and a patient. | Common telehealth services include:  
• 99201-99215 (Office or other outpatient visits)  
• G0425–G0427 (Telehealth consultations, emergency department or initial inpatient)  
• G0406–G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs)  
For a complete list: [https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes](https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes) | For new* or established patients.  
*To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency |
| VIRTUAL CHECK-IN         | A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunication device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient. | • HCPCS code G2012  
• HCPCS code G2010 | For established patients. |
| E-VISITS                 | A communication between a patient and their provider through an online patient portal. | • 99421  
• 99422  
• 99423  
• G2061  
• G2062 | For established patients. |
Thank You for Your Participation!
For additional questions

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