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Webinar Series
COVID-19: CALTCM Weekly Rounds

April 27, 2020

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ascp FIELD GUIDE TO REDUCE MEDICATION BURDEN DURING COVID-19

ASCP COVID-19 FIELD GUIDE DEVELOPMENT TEAM

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About ASCP
Empowering Pharmacists. Transforming Aging. ASCP is a membership association that represents pharmacy professionals and students serving the unique medication needs of older adults. ASCP is an international organization with members located in all 50 states, Puerto Rico, and 12 countries. The society's mission is to promote healthy aging by empowering pharmacists with education, resources, and innovative opportunities.

More information on the COVID-19 Emergency can be found at www.ascp.com/disaster

DISCLAIMER/CAUTIONARY STATEMENT: *This list provides practical recommendations for making decisions about deprescribing unnecessary medications during the COVID-19 pandemic. The intent of deprescribing at this time is to decrease nursing touch points and resident medication burden. Recommendations are meant to assist with, not dictate, decision making and risk/benefit weighing in conjunction with residents and the interdisciplinary team.* Potentially Inappropriate medications (PIMs) should be specifically assessed and eliminated where possible during the COVID-19 outbreak. Eliminating nursing touch points, in any capacity, will help reduce viral transmission.

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ascp FIELD GUIDE TO REDUCE MEDICATION BURDEN DURING COVID-19

Objectives:
- Utilize current guidelines to eliminate PIMS for chronic diseases not shown to improve outcomes or when clinical benefit is unlikely.
- Access PIMs lists and tools like the "Choosing Wisely" campaign, STOPP criteria, and Beers Criteria to target potentially inappropriate medications.1,2,3

When the medication is being tolerated well, is considered essential, and has not raised any safety issues, then it may be continued, if necessary.
- Strongly consider avoiding combinations of medications that are central nervous system (CNS) depressants (e.g. sedative-hypnotics, opioids, gabapentin, pregabalin).4 These medications require reducing dose to gradually deprescribe when no clear indication exists.

Evaluating and deprescribing CNS depressants in general, may reduce the risk of pneumonia in COVID-19 residents.

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ascp FIELD GUIDE TO REDUCE MEDICATION BURDEN DURING COVID-19

Respiratory Medications:
- Short acting → long acting agents
- Routine short acting agents → PRN if on control medication
- Continue inhaled (or oral) corticosteroids in COPD
- GOLD standards recommend maintaining nebulized formulations.[5]

Dietary Supplements:
- Discontinue OTCs unless active diagnosis

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Cardiovascular Medications:
- Risk/benefit for statins and/or aspirin for primary prevention
- Fibrates and fish oil for hypertriglyceridemia only
- Consolidate HTN polypharmacy

Gastrointestinal Medications:
- PPI and H2 receptor antagonists: evaluate for an appropriate indication.

Analgesics:
- Continue NSAIDs for chronic diagnoses

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Diabetes Mellitus Medications:[6]
- DC sliding scale insulin
- A1C goals consistent with prognosis
- Replace insulin with orals

Anticholinergic Medications:
- Increased risk of PNA[7,8]

Topicals/Treatments:
- DC treatments
- Routine eye drops for symptoms → PRN

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Decreasing Routine Medication Monitoring and Laboratory Testing Frequency:
- Hold lab orders for routine monitoring
- Move all labs to same day
- Order drug levels only for toxicity
- Decrease finger sticks for low-risk hypoglycemic regimens
- Decrease vitals
- Discontinue hold parameters

Antibiotics:
- Discontinue prophylactic antibiotics
- Use shortest duration indicated

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ascp FIELD GUIDE TO REDUCE MEDICATION BURDEN DURING COVID-19

Consolidating and Streamlining Nursing Med-Pass:
- Decrease number of med passes
- Short acting → long acting

Allergy Medications:
- Evaluate continued need of nasal corticosteroids.

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Medication Deprescribing Requiring More Intensive Risk-Benefit Considerations:

- Warfarin → NOAC[11, 12, 13]
- Assess for prescribing cascade[14]

Hospice and Palliative Care Considerations:
- Discontinue all non-essential medications

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1. https://www.choosingwisely.org/clinician-lists/#age=Geriatric&service=- Medication
2. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4339726/#!po=8.33333
3. https://onlinelibrary.wiley.com/doi/abs/10.1111/jgs.15767
4. https://www.fda.gov/drugs/drug-safety-and-availability/ fda-warns-about-serious-breathing-problems-seizure-and-nerve-pain-medi- cines-gabapentin-Neurontin
5. https://goldcopd.org/gold-covid-19-guidance/
6. ADA/LTC diabetes guidelines: Munshi MN et al. Management of diabetes in long-term care and skilled nursing facilities: A position statement of the American Diabetes Association. Diabetes Care 2016 Feb; 39:308. http://dx.doi.org/10.2337/dc15-2512
7. https://bmjopen.bmj.com/content/9/5/e026391
8. https://www.ncbi.nlm.nih.gov/pubmed/26889844
9. https://www.aesnet.org/about_aes/position_statements/covid-19/deliv- ery-of-care/covid-pharmacotherapy-epilepsy
10. https://www.aesnet.org/about_aes/position_statements/covid-19/deliv- ery-of-care/covid-pharmacist-hcp-collab
11. 2018 EHRA Practical Guide to NOAC Use in AF https://www.acc.org/lat- est-in-cardiology/ten-points-to-remember/2018/03/21/19/25/the-2018-euro- pean-heart-rhythm-association-practical-guide
12. https://www.acc.org/latest-in-cardiology/articles/2014/05/22/14/39/ac- cel-2-1
13. http://www.onlinejacc.org/content/65/13/1340/T5
14. Savage RD, Visentin JD, Bronskill SE, et al. Evaluation of a Common Pre- scribing Cascade of Calcium Channel Blockers and Diuretics in Older Adults With Hypertension. JAMA Intern Med. Published online February 24, 2020. doi:10.1001/jamainternmed.2019.7087 https://jamanetwork.com/journals/jamain- ternalmedicine/article-abstract/2761272

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MEDICATION DEPRESCRIBING IN THE TIME OF COVID-19

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Daniel Haimowitz
MD FACP CMD

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Semantics

- Deprescribing
- "Emergency deprescribing"
- Medication reduction
- "Pause"
- "Hold"
- Practical Implementation (NH, AL)

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Step One: What to Stop Immediately

- Alternative medicines (turmeric, cinnamon, etc.)
- Appetite Stimulants (e.g., Megestrol, Dronabinol)*
- Bisphosphonates*
- Calcium
- Cranberry
- Docusate
- Fish Oil/Omega-3s

(*prescription meds)
(Genesis included Antihistamines, decongestants, H2 blockers and PPIs)

- Glucosamine/chondroitin
- Herbal supplements (Echinacea, Flaxseed, Garlic, Ginkgo Biloba, Ginseng, Red Yeast Rice, Saw Palmetto, Valerian Root, etc.)
- Probiotics
- Statins/cholesterol-lowering medications*
- Vitamins (Multivitamins, Vitamin A, B1, B3, B6, B12, C, E, Biotin, Coenzyme Q10)

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Step Two: Other Considerations

- Change to combination meds ($)
- Long-acting insulins and analgesics, extended release forms ($)
- Change crushed meds to liquids/sprinkles ($)
- Conversion to dosing forms easier to use/administer
- Consolidate and liberalize administration times, esp. for medications that do not need to be given at very specific times or intervals
- Determine if any medications not appropriate for primary prevention, already low blood pressure
- Evaluate medication regimen for residents on or appropriate for hospice
- Evaluate if medication regimen consistent with goals of care
- Determine if either on medicines where no longer having symptoms (H2 blockers and PPIs without heartburn), no longer needed (iron and normal CBC, B12 with normal level) or has no justification for medicine in the first place
- Review if gabapentinoids used for painful diabetic neuropathy, and if effective (https://www.caringfortheages.com/article/S1526-4114(19)30548-7/pdf)
- Identifying prior unaddressed consultant pharmacist recommendations

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- Work with consultant pharmacist/NP
- Letter to prescribers/families
- Inservice to staff
- Don't Wait for the outBreak!
- Identify/address barriers

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Barriers

- Be proactive
- Call prescribers—concerns may be with Rx meds, "already doing this," lack of "data," statins/docusate (Use logical deprescribing principles)
- Family? Loss of control
- Electronic vs. Paper
- Money concerns
- Comfort with risk

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Real-life Physician Experience

The numbers reflect a combination of medications stopped, dose frequencies reduced, or orders clarified that eliminated or reduced vital signs checking as a parameter for dispensing a hypertension medication.

- Taper: 134 orders changed
- JEK: 287 orders changed
- Factor: 175 orders changed
- GZ: 223 orders changed

That's a total of 819 orders that directly made the work of our nurses easier and safer without negatively affecting our residents. Many nurses have expressed their appreciation. (Dr. Noah Marco, LAJH)

We had pharmacy help and they went right to it. The came up with a list of meds to hold for 30 days. Mine was easy, Optum signed theirs, reached out to Dr. P, he was on board. Still trying to get some providers with smaller census on board. It does help with the med pass. Multivitamins, statins, vitamin D . Stuff family brought in. Change thyroid and ppi times. Makes colace bid to 2 once a day for example.... (Dr. Owen Fox, Lancashire Hall PA)

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Implementation Cautions

- Step One as TIP/formulary
- Don't want to increase work
- Don't want to increase risk of med errors
- Might not be time for usual deprescribing tactics (OAB meds)
- Medicines on "hold"
- What the future holds—need plan for either resuming or stopping permanently, that doesn't cost resident/family more $

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MEDICATION PRESCRIBING IN THE TIME OF COVID-19

(i.e., treatment)

Daniel Haimowitz
MD FACP CMD

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Issues in Coronavirus Treatment

- Concept is opposite of deprescribing
- This is novel
- What the hospital is doing is opposite of what happens in LTC

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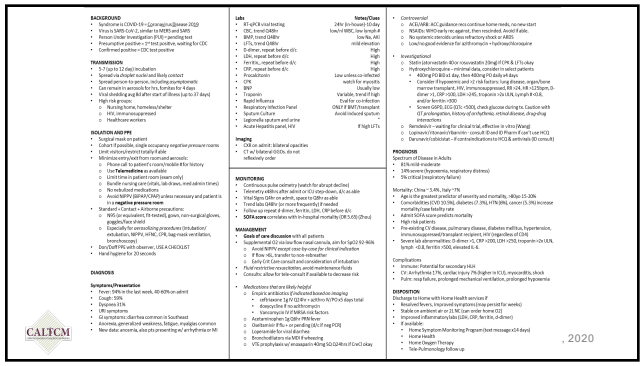

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Possible Treatments for Coronavirus

- Chloroquine
- Hydroxychloroquine
- Azithromycin
- Ivermectin
- Zinc
- Vitamin C
- Vitamin D
- Acetazolamide
- Statins
- Steroids
- ACE/ARBs
- NSAIDs
- Oseltamivir
- Remdesivir
- Lopinavir/ritonavir
- Darunavir/cobicistat
- Disease-modifying anti-rheumatic drugs (tocilizumab, tofacitinib, ruxolitinib, baricitinib, sarilumab, mavrilimumab)
- Herbal therapies
- Teas
- IV Chlorox

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"My Personal Journey"

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The Current Data

VA in S. Carolina showing increased mortality with hydroxychloroqine alone (small N, retrospective):

https://www.medrxiv.org/content/10.1101/2020.04.16.20065920v1

French study of 181 patients showed no difference in hospitalized patients (started treatment within 48 hrs of admission, had a good spread of disease severity):

https://www.medrxiv.org/content/10.1101/2020.04.10.20060699v1.full.pdf

JAMA review of Pharmacologic Treatments, with FAQs. "No therapies have been shown effective to date":

https://jamanetwork.com/journals/jama/articlepdf/2764727/jama_sanders_2020_rv_200005.pdf

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AMDA Statement on the Current Use of Hydroxychloroquine in Persons with COVID-19

- "There is currently no evidence in the PALTC population, beyond anecdotal, that hydroxychloroquine (HCQ) is effective for treating persons infected with the COVID-19 virus, and there is also no data to recommend the use of HCQ as prophylaxis for COVID-19"
- "The drug also has the potential to result in serious side effects, which may be more severe in the PALTC population, particularly when used in combination with azithromycin"
- "The Society is also concerned that widespread use of HCQ to treat COVID-19 patients in the absence of evidence of its efficacy will lead to increased shortages of the drug, which is currently used to successfully treat patients with immune-mediated diseases such as rheumatoid arthritis and lupus, for which there is solid scientific evidence to support this use"

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Recent Headlines

- FDA (4/24) cautions against use of hydroxychloroquine or chloroquine for COVID-19 outside of the hospital setting or a clinical trial due to risk of heart rhythm problems
- CDC (4/25) --There are no drugs or other therapeutics presently approved by the U.S. Food and Drug Administration (FDA) to prevent or treat COVID-19

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NIH

- The COVID-19 Treatment Guidelines Panel (the Panel) **does not recommend** the use of any agents for pre-exposure prophylaxis (PrEP) against severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) outside of the setting of a clinical trial **(AIII)**.
- The Panel **does not recommend** the use of any agents for post-exposure prophylaxis (PEP) against SARS-CoV-2 infection outside of the setting of a clinical trial **(AIII)**.
- The Panel recommends no additional laboratory testing and no specific treatment for persons with suspected or confirmed asymptomatic or presymptomatic SARS-CoV-2 infection **(AIII)**.
- At present, no drug has been proven to be safe and effective for treating COVID-19. There are insufficient data to recommend either for or against the use of any antiviral or immunomodulatory therapy in patients with COVID-19 who have mild, moderate, severe, or critical illness **(AIII)**.

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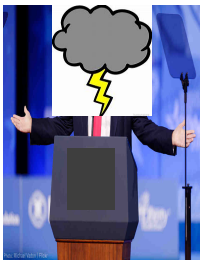

"And there are signs that it works on [coronavirus], some very strong signs. And in the meantime, it's been around a long time, and also works very powerfully on lupus. So there are some very strong, powerful signs, and we'll have to see. Because again, it's being tested now, this is a new thing that just happened to us, the invisible enemy, we call it.

… It's a very strong, powerful medicine, but it doesn't kill people. We have some very good results and some very good tests. You've seen the same test that I have. In France, they had a very good test. But we don't have time to go and say, gee, let's take a couple of years and test it out. And let's go and test with the test tubes and the laboratories. We don't have time. I'd love to do that."

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If You Are Going To Treat

- Usually family-driven
- Would recommend against a COVID Rx policy
- Need to individualize after discussion
- Need to start early (Tamiflu analogy)
- Document!
- ?EKG – comfort with risk

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Medicines that May Prolong QT Interval

- Amiodarone
- Amitriptyline
- Aripiprazole
- Azithromycin
- Buprenorphine
- Ciprofloxacin
- Citalopram
- Dextromethorphan/ Quinidine
- Donepezil
- Esomeprazole
- Famotidine
- Fluoxetine
- Furosemide
- Galantamine
- Haloperidol
- Hydrochlorothiazide
- Lansoprazole
- Levofloxacin
- Loperamide
- Memantine
- Mirabegron
- Olanzapine
- Omeprazole
- Ondansetron
- Pantoprazole
- Paroxetine
- Quetiapine
- Risperidone
- Sertraline
- Tolterodine
- Torsemide
- Tramadol
- Trazodone
- Venlafaxine

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Thank You!

Daniel Haimowitz MD FACP CMD
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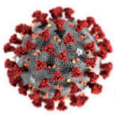

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May 4th : "Opening the Front Door"

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Check the CALTCM Website regularly for updates.
https://www.caltcm.org/covid-19

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Save the Date for the following CALTCM events:

Leadership & Management in Geriatrics: July 31 & August 1

46th Annual Meeting: 2020 CALTCM Summit for Excellence: October 8-10

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