

How to Determine Hospice Coverage

Hospice is required to cover medications that are reasonable and necessary to relieve patient symptoms and optimize quality of life, not to manage the terminal illness and related conditions. Hospice **MUST** cover 4 classes of medications: analgesics, anxiolytics, antiemetics and bowel care medications. We also suggest covering some pulmonary medications, such as albuterol and morphine for shortness of breath. To keep this simple, just remember **The 5 P's of Hospice**:

1. **PAIN** – bone/nerve pain
2. **PUKE** – nausea/vomiting
3. **POOP** – constipation and diarrhea
4. **PSYCH** – anxiety, agitation, and delirium
5. **PULMONARY** – shortness of breath, dyspnea

Hospice does **NOT** pay for curative medications or medications that slow disease progression. For example:

- Pancreatic cancer – Diabetic meds and pancreatic enzymes, although expensive, would be covered because they are needed for symptom management.
- Thyroid medications would never be covered unless for thyroid cancer.
- For cardiac issues, warfarin, metoprolol, diltiazem, furosemide, and potassium are hospice covered; Lipitor could be discontinued. Tamulosin would not be covered if used for BPH.
- Diabetes medications are generally not covered. Note that diabetes is not a terminal diagnosis; it is the renal disease or cardiac disease that is the cause of death.
- Blood pressure medications are covered in a cardiac patient but not the maintenance of the pacemaker.
- Corticosteroids to shrink tumor burden are covered but not chemotherapy.

Additionally, because the average length of stay on hospice is less than 70 days (with the median being less than 20 days), there are some medications that are no longer beneficial and may be discontinued with no adverse effects, including:

- Statins
- Alzheimer's medications
- OTC vitamins and supplements

<p><u>Pain</u></p> <p>Morphine</p> <ul style="list-style-type: none"> • Lowest strength for both ER and IR tablets is 15mg • Once daily dosed capsules are very expensive • Oral tablets can be given rectally, even ER tablets • Injectable solution can be nebulized for dyspnea • Do not use in patients with renal failure <p>Methadone</p> <ul style="list-style-type: none"> • Only opiate with “long acting” oral concentrate • Relieves nerve pain as well as muscle, joint, and bone pain • Not for PRN use. Takes time to reach full pain relief • Always consult a pharmacist familiar with methadone to develop plan to start/convert a patient on methadone <p>Oxycodone</p> <ul style="list-style-type: none"> • Lowest strength for IR tablets is 5mg and 10mg for ER tabs • ER tabs are very expensive ranging from \$3-17/tablet • Plain oxycodone tablets significantly less expensive than generic Percocet (1:5) <p>Norco/Lortab</p> <ul style="list-style-type: none"> • Equal to morphine in analgesia and as hydrocodone is now a CII there is no benefit to use over morphine <p>NSAIDs</p> <ul style="list-style-type: none"> • Includes Ibuprofen, Naproxen, Piroxicam, Indomethacin, and Ketoprofen • Can be very harsh on the stomach • Especially beneficial for bone and joint pain <p>Dexamethasone</p> <ul style="list-style-type: none"> • Used as adjunct for bone and tumor pain (shrinks tumor size) • Increases appetite and helps with nausea/vomiting • Best given in single dose in the morning, may cause insomnia if given after 2pm • Can be very harsh on the stomach <p>Pearls</p> <ul style="list-style-type: none"> • Fentanyl patches require a layer of fat under the skin for absorption. If the patient is too thin, fentanyl will not absorb regardless of how many or how frequently patches are changed • Lidocaine patches and pain creams are for superficial localized pain only. The active medication does not penetrate deep into the tissue to help with bone, joint or deep tumor pain 	<p><u>Poop</u></p> <p>Senna</p> <ul style="list-style-type: none"> • Every patient on an opioid pain medication should be on a bowel regimen with senna • Available in tablet and syrup <p>Bisacodyl</p> <ul style="list-style-type: none"> • Available in a 5mg tablet and 10mg suppository • Can cause severe cramping <p>Milk of Mag</p> <ul style="list-style-type: none"> • Use with caution in patients with renal disease, may cause hypermagnesemia <p>Bulk forming Laxatives</p> <ul style="list-style-type: none"> • Use with caution in patients with low fluid intake, may worsen constipation <p>Loperamide</p> <ul style="list-style-type: none"> • Maximum daily dose is 8 capsules • Be aware that this is the newest OTC used for a quick cheap high <p>Pearls</p> <ul style="list-style-type: none"> • Miralax can be used as a bowel “flush”, just mix and drink several 8 ounce doses until stool runs clear • There are many home remedies for constipation from Vaseline balls to milk and molasses enemas. Know agency policy regarding home remedies before implementing
<p><u>Puke</u></p> <p>Promethazine/Prochlorperazine</p> <ul style="list-style-type: none"> • Suppositories are very expensive \$12-18/suppository • Oral tablets can be given rectally • Oral solution volume is too large for a hospice patient, better to crush tablet (prochlorperazine is not available in liquid) <p>Ondansetron</p>	<p><u>Psych</u></p> <p>Lorazepam/Alprazolam</p> <ul style="list-style-type: none"> • Available in oral concentrate and multiple tablet strengths • Lorazepam oral concentrate and injectable must be refrigerated • Both have quick onset and short duration • Some report agitation and anxiety with lorazepam but the same reaction is not seen with alprazolam

<ul style="list-style-type: none"> HospiceMed prices ondansetron reasonably to be comparable to promethazine Regular tabs and ODT tabs are interchangeable <p>Haloperidol</p> <ul style="list-style-type: none"> Very versatile, available in oral concentrate, injectable, and multiple tablet strengths Oral tablets can be given rectally Make sure to order correct injectable – lactate is quick onset short acting and decanoate is slow onset and long acting <p>Metoclopramide</p> <ul style="list-style-type: none"> Available in oral solution, injectable and 2 tablet strength Oral solution volume is too large for hospice patient, better to crush tablet <p>Pearls</p> <ul style="list-style-type: none"> Sometimes nausea and vomiting is caused by dehydration and just a little sq or iv fluids will help Recent studies have shown little to no drug absorption of compounded topical gels/creams. Best practice for patient comfort is to use traditional routes of administration 	<p>Haloperidol</p> <ul style="list-style-type: none"> Very versatile, available in oral concentrate, injectable, and multiple tablet strengths Oral tablets can be given rectally Make sure to order correct injectable – lactate is quick onset short acting and decanoate is slow onset and long acting <p>Risperidone</p> <ul style="list-style-type: none"> Available in oral concentrate and multiple tablet strengths Injectable for monthly dosing only <p>Quetiapine</p> <ul style="list-style-type: none"> Available in multiple tablet strengths No injectable or oral concentrate available
<p><u>Pulmonary</u></p> <p>Atropine</p> <ul style="list-style-type: none"> It is important to educate patient and caregiver(s) that it is ok to give eye drops orally Frequently on national back order and may need to use an alternative <p>Hyoscyamine</p> <ul style="list-style-type: none"> Available in oral concentrate and sublingual tablets <p>Scopolamine</p> <ul style="list-style-type: none"> Available as TransdermScop patches Very expensive about \$25/patch <p>Albuterol/Ipratropium Neb</p> <ul style="list-style-type: none"> May be beneficial to all patients <p>Pearls</p> <ul style="list-style-type: none"> Although these medications are not required by Medicare for hospice coverage, they benefit and give comfort to both patient and caregiver(s) alike 	<p><u>Pharmacist Advice</u></p> <ol style="list-style-type: none"> Trim medication list to bare minimum. Studies have shown discontinuing 2 or more medications can increase quality of life and decrease the risk of adverse drug events and complications at the end of life Medications with multiple dosage forms are often the best initial choice because the medication can transition as the patient transitions Remember comfort is our goal. A non-hospice pharmacist may alert you to a potential drug interaction or contra-indication but for short term end of life comfort the risk is negligible. Your hospice pharmacist will alert you to any serious risks When in doubt or if you have any questions call HospiceMed at 855-590-2100. A pharmacist is always happy to assist

Additionally, depending on agency policy, the following OTC medications may or may not be covered:

- Tums, Tylenol Tablets, Tylenol Suppositories, Glycerin Suppositories, Fleets Enema, Ibuprofen Tablets, Guaifenesin syrup, Mucinex Tablets, Benadryl Capsules, Epsom Salt, Monistat, Lotrimin, Bengay, IcyHot, Neosporin, and Maalox