Objectives

- Determine drug coverage when given patient specific information, including diagnosis codes and terminal prognosis
- Identify medications that are appropriate to include in a hospice formulary and how to make formulary medication changes
- Review common classes of non-essential medications and how to safely discontinue them
- Discuss cost effective medication management

Terminal Prognosis & Coverage

- Terminal prognosis with a 6 month or less life expectancy
  - "Terminal Diagnosis"- primary diagnosis that contributes to the limited life expectancy
  - "Related Diagnoses"- any diagnosis that is related to the terminal diagnosis or contributes to the limited life expectancy
  - Symptoms caused by or exacerbated by the primary diagnosis
Terminal Prognosis & Coverage

- Related and Necessary
- Unrelated and Necessary
- Related but not Necessary
- Unrelated and not Necessary

Formulary Management

- **Formulary**: A list of drugs used by a hospice to identify preferred medications that offer the greatest value
  - Brand and Generic medications
  - Prescription and Over-the-Counter (OTC) drugs
- Closed Formulary: No open medications without authorization
- Open Formulary: No restricted medications without authorization
- Limited Formulary: Select open medications

Common Symptoms at End of Life

- **PAIN**
  - Short/Rapid Acting Opioids
    - Morphine
    - Combination products
  - Long Acting Opioids
    - Morphine
    - Methadone
- **DYSPNEA**
  - Short/Rapid Acting Opioids
    - Morphine
  - Exception to the rule: Methadone
Common Symptoms at End of Life

- **TERMINAL SECRETIONS**
  - Anti-cholinergic agents
    - Atropine 1% ophthalmic drops
    - Hyoscineamine
  - **NAUSEA**
    - Consider the source
    - End of life nausea/vomiting responds well to anti-dopaminergic agents
      - Haloperidol tablets
      - Prochlorperazine tablets
  - **AGITATION or HALLUCINATIONS**
    - Haloperidol
    - Risperidone: preferred atypical anti-psychotic

- **ANXIETY**
  - Lorazepam
    - Available as 2mg/ml concentrate

- **SEIZURES**
  - Benzodiazepines - Non-oral formulation or route
    - Lorazepam
    - Diazepam
    - Midazolam

Standing Orders/Formularies

- **Nursing Protocols**
- **Maximize your formulary agents**
- **Utilize medication reconciliations**
Medication Appropriateness

- Important factors to consider:
  - Remaining life expectancy
  - Time until therapeutic benefit of medication
  - Goals of care
  - Treatment target

Nonessential Medications

- Indications for discontinuation:
  - Diminished benefit
    - Clinical improvement
    - Stabilization
  - Increased risk:
    - Medication-related adverse effects
    - Drug interactions
    - Unsafe utilization (e.g., high-risk medications for an age group)

Medications to Reconsider

- Anticoagulants
- Statins
- Antiplatelets
- Diuretics
- Bisphosphonates
- Cholinesterase Inhibitors
- Oral Diabetes Medications
- Vitamins/Supplements
- Antihypertensives
- Psychogenics
Discontinuing Medications

- Recognizing an indication for discontinuing a medication
  - Lack of clinical benefit
  - Adverse effects
  - Clinical improvement

- Prioritize medications to be targeted for discontinuation
- Document approval of discontinuation recommendation
- Discontinue the medication(s) appropriately, coordinating with the patient, caregivers and other providers
- Monitor the patient for beneficial and harmful effects of discontinuation

Cost Containment

Consider reevaluating agents that may be less efficacious in end stage disease and that are known to have formulary agents that may be given via alternate routes as your patient declines.

- Avinza®
- Duragesic®
- Kadian®
- Opana®
- OxyContin®
- OxyFast®
- Spiriva®
- Advair®
- Xopenex®
- Zofran®
- Ambien®

References

1. National Hospice and Palliative Care Organization
   (http://www.nhpco.org/regulatory Accessed April 2015)
Questions