

The Community Pharmacists' Role in Hospice Care

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Objectives

- Understand the basic components of hospice care
- Explain the legal requirements and how they differ from normal dispensing
- List the specific drugs that are commonly used in hospice care
- Understand the role of the pharmacist in enhancing hospice care

Hospice Care

- End-of-life care
- Always palliative in nature
- Patient expected to live less than 6 months
- Patient is no longer seeking curative measures
- Provided by health care professionals and volunteers
- Provide spiritual, medical, and psychological support

Medline Plus. <http://www.nlm.nih.gov/medlineplus/hospicecare.html>

Hospice Team

- Patient's physician and hospice physician
- Registered nurses
- Social workers
- Spiritual care coordinators
- Bereavement counselors
- Dietitians
- **PHARMACISTS**
- Physical, occupational and speech therapists
- Hospice aids
- Volunteers

Variety of Patient Conditions

- AIDS
- Lou Gehrig's Disease
- Alzheimer's Disease
- Cancer
- Congestive Heart Failure
- End-Stage Kidney Disease
- Lung Disease
- Multi-system Breakdown
- Stroke

American Hospice Foundation. www.americanhospice.org

Hospice Care

- Location
 - Patient's Home
 - Hospice Center
 - Hospital
 - Skilled Nursing Facility



Levels of Care

- Routine Home Care
 - Intermittent care
- Respite Care
 - Five day relief for caregiver
- Inpatient
 - Hospice unit or hospital
 - Symptom management
- Continuous Care
 - Patient in crisis

Appropriateness of Care

- Patients are assessed at enrollment and then at two 90 day periods
- Reassessed by physician every 60 days thereafter

Hospice Care

- Paying for Care
 - Medicare
 - Medicaid
 - Private insurance
 - Veteran's benefits
 - Sliding fee scale

Prescription Regulations

- Per the *Code of Federal Regulations, Title 21 Volume 9: 21CFR1306*: Pharmacy Providers agree that it shall dispense C-II prescriptions for Hospice Patients that it receives via fax machine unless the state in which the Pharmacy Provider is licensed prevents such facsimile. The Hospice may follow up with a hard copy prescription for filing or a certification telephone call.
- The Drug Enforcement Agency (DEA) allows for the transmission of a Schedule II Controlled Substance prescription to a pharmacy via facsimile if the prescription is written for a hospice terminally ill patient or a nursing home patient. There is no requirement for the physician to issue a hard copy prescription in follow-up to the facsimile prescription because, per the DEA, the facsimile serves as the original prescription.
- The DEA further allows a physician to elect to write a prescription for controlled substances for Hospice patients in an amount necessary to supply the Hospice Patient for 60 days. The DEA further allows the dispensing pharmacist to issue controlled substances in multiple lesser amounts to partial fill the prescription up to but not exceeding the amount originally specified by the prescribing physician.

Hospice/Pharmacy Agreement

- Pharmacy provider agrees that during normal business hours of operation, a representative authorized to accept called in prescriptions from Hospice Nurses and/or Physicians is available
- Pharmacy providers cannot assume that all prescriptions to be filled for Hospice patients are approved for payment by the Hospice unless specifically approved by the Hospice Nurse and/or Physician

Hospice/Pharmacy Agreement (cont.)

- Pharmacy providers shall make its best effort to stock medications appropriate to the needs of Hospice patients at all times
- Medication quantities for Hospice patients are generally limited to a 15-day supply, with a generic mandate and a formulary of covered medications

Hospice/Pharmacy Agreement (cont.)

- Pharmacy providers agree that automatic refills shall not be allowed and may be adjusted at a later date; a Hospice Nurse or Physician will call requesting more medication for each fill
- Over-the-counter (OTC) drugs are often covered through Hospice

Virginia Laws & Regulations

18VAC110-20-280. Transmission of a prescription order by facsimile machine.

A. Unless otherwise prohibited by federal law, prescription orders for Schedule III through VI drugs may be transmitted to pharmacies by facsimile device (FAX) upon the following conditions:

1. The prescription shall be faxed only to the pharmacy of the patient's choice.
2. A valid faxed prescription shall contain all required information for a prescription. A written prescription shall include the prescriber's signature.
3. An authorized agent, as defined in §54.1-3408.01 C of the Code of Virginia, may transmit an oral prescription by facsimile and shall record on the faxed prescription the agent's full name and wording that clearly indicates that the prescription being transmitted is an oral prescription.
4. A faxed prescription shall be valid only if faxed from the prescriber's practice location, except in the following situations:
 - a. Forwarding a faxed chart order from a long-term care facility or from a hospice, including a home hospice;
 - b. Faxing an oral prescription by authorized agent under the conditions set forth in subdivision 3 of this subsection;
- or
- c. Forwarding a written prescription by an authorized agent from a long-term care facility, provided the provider pharmacy maintains written procedures for such transactions, and provided the original prescription is obtained by the provider pharmacy within seven days of dispensing. The original prescription shall be attached to the faxed copy.

5. The following additional information shall be recorded on the faxed prescription:

- a. The date that the prescription was faxed;
- b. The printed name, address, phone number, and fax number of the authorized prescriber; and
- c. The institution, if applicable, from which the prescription was faxed, including address, phone number and fax number.

B. Prescription orders for Schedule II drugs may only be faxed for information purposes and may not serve as the original written prescription authorizing dispensing, except for orders to be administered to long-term care facility and home infusion patients in accordance with §54.1-3408.01 C of the Code of Virginia and except for prescriptions written for a Schedule II narcotic substance for patients residing in a hospice certified by Medicare under Title XVII or licensed by the state, which may include home hospice. The prescriber shall note on the prescription if the patient is a hospice patient, and the prescription shall meet all requirements for a written prescription, including the prescriber's signature.

C. If the faxed prescription is of such quality that the print will fade and not remain legible for the required retention period the receiving pharmacist shall copy or transcribe the faxed prescription on paper of permanent quality.

D. Authorizations for refills may be faxed by the prescriber to the pharmacy provided the authorization includes patient name, address, drug name and strength, quantity, directions for use, prescriber's name, prescriber's signature or agent's name, and date of authorization.

Medications Commonly Used – Comfort Kits

- Atropine 1% Ophthalmic solution
- Morphine (Roxanol)
- Lorazepam (Ativan)
- Haloperidol (Haldol)
- Glycopyrrolate (Robinul)
- Acetaminophen suppositories
- Promethazine suppositories

Atropine 1% ophthalmic solution

- Symptoms treated: terminal respiratory secretions; drooling
- MOA: anticholinergic
- Typical dosing: 2 drops SL every 2-4 hours PRN
- AE: urinary retention; dry mouth; constipation; tachycardia; restlessness

Morphine (Roxanol, MS Contin) liquid

- Symptoms treated: pain; dyspnea; cardiac chest pain
- MOA: Opiate receptor blockade
- Compounded (flavored)
- Unit dose syringes or multi-dose bottles
- Typical dosing: 2.5-5mg PO or SL every 1-2 hours PRN
- AE: sedation; nausea pruritus; constipation; delirium

Lorazepam (Ativan) liquid

- Symptoms treated: anxiety; dyspnea; insomnia; acute seizure treatment
- MOA: inhibits GABA for anxiolytic and sedative effects
- Compounded (flavored)
- Unit dose syringes or multi-dose bottles
- Typical dosing: 0.25-0.5mg PO or SL every 2-4 hours PRN
- AE: sedation; delirium; paradoxical excitation

Haloperidol (Haldol)

- Symptoms treated: nausea; vomiting; agitation; restlessness
- MOA: dopamine blockade
- Typical dosing: 0.5-1mg PO or SL every 2-4 hours PRN
- AE: dystonia; paradoxical agitation; anxiety

Glycopyrrolate (Robinul)

- Symptoms treated: terminal respiratory secretions; adjuvant for management of malignant bowel obstruction (MBO)
- MOA: anticholinergic
- Typical dosing: 0.2mg IV or SQ every 6 hours PRN
- AE: urinary retention; dry mouth; constipation; tachycardia; restlessness

Acetaminophen suppositories

- Symptoms treated: fever; discomfort
- 650mg suppositories
- Typical dosing: 1 suppository rectally every 4 hours PRN

Promethazine suppositories

- Symptoms treated: nausea; vomiting
- 25mg suppositories
- Typical dosing: 1 suppository rectally every 8 hours PRN

Implementation of Hospice in Retail Pharmacy


- Collaboration between pharmacists and hospice nurses
- Resources that need to be in place
 - Ability to compound specialized medications
 - Understanding of the billing
 - Delivery service

Collaboration at Buford Road Pharmacy



Collaboration at Buford Road Pharmacy

- Medication Compounding
 - Full time compounding technician
 - Comfort kits



Collaboration at Buford Road Pharmacy

- Understanding the billing aspect
 - Insurance Liaison
 - Familiar with the different hospice plans to ensure that medications are billed correctly

Collaboration at Buford Road Pharmacy

- 24-hour on-call Pharmacist
- Delivery Service
 - Team of available delivery drivers
 - Staffed:
 - 8:30 am – 9 pm Monday – Friday
 - 8:30 am – 7 pm Saturday
 - 9 am – 5 pm Sunday



Interested in becoming part of the Hospice Care team?

- Contact your local Hospice Care
- Make sure your pharmacy is equipped to provide Hospice services
 - On-call pharmacist
 - Ability to compound medications
 - Collaboration among all pharmacists and hospice nurses

Questions?

