

**Hospice physician evaluates available information to:**

- Identify all related and unrelated diagnoses
- Identify the current indication and/or current need for each medication

**Note:** Hospice is responsible to cover medications that are needed to manage or palliate conditions identified in the hospice plan of care.

A diagnosis is considered to be related unless the hospice physician documents in the hospice clinical record why that diagnosis is not related.

Determining relatedness is a continuous process by the hospice physician which takes into account changes in the patient's condition. Inclusion or exclusion on a formulary does not determine relatedness.

**Evaluate Each Medication and Relationship to TERMINAL PROGNOSIS**

Does the medication manage or palliate a diagnosis or symptom arising from the PRINCIPAL HOSPICE DIAGNOSIS?

Irrespective of the PRINCIPAL HOSPICE DIAGNOSIS, are there medications that manage or palliate a diagnosis or symptom arising from a RELATED CONDITION.

Does the medication manage or palliate a diagnosis or symptom caused or exacerbated by treatment of a RELATED CONDITION?

Does the medication have a dual use for RELATED and UNRELATED CONDITION?

**Related**

**Not Related**

Is the medication appropriate and clinically necessary?

Document medication unrelated status (A3 Form). Coordinate benefit with other payer.

**Pharmacy to bill medication to non-hospice payer**

Is the medication appropriate and clinically necessary?

Consider de-prescribing?

**Discontinue medication**

**Hospice to pay**

Is a therapeutic or formulary alternative appropriate?

Therapeutic or formulary alternative offered and accepted?

Document in clinical record conversation with patient that therapy is not consistent with hospice plan of care. No other Medicare payer (like Part D) will cover the medication and costs will be assumed by the patient. Coordinate benefit with another payer (A3 Form) and with the patient.\*

**Patient to pay**

**Advance Beneficiary Notice**  
 \*Note: If the hospice has not previously provided the medication, the hospice is not obligated to provide an Advance Beneficiary Notice (ABN).  
 If the hospice has provided the medication and there is a change in the plan of care, the hospice should coordinate the benefit as noted above AND the hospice must issue an ABN in order to charge the beneficiary for the medication.