

## DIVISION OF HEALTH CARE FINANCING AND POLICY

## MEDICAID SERVICES MANUAL

## GGG. Medications for Recipients on Hospice

Last Reviewed by the DUR Board: January 27, 2017

Previously reviewed: January 28, 2016

Medications for recipients on hospice are subject to prior authorization and quantity limits based on the Application of Standards in Section 1927 of the SSA and/or approved by the DUR Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

## 1. Coverage and Limitations

Approval will be given if all the following criteria are met and documented:

## a. For recipients 21 years of age or older:

1. The prescriber has verified the recipient is enrolled in a hospice program, and
2. The requested medication is not being used to treat or manage symptoms of the terminal hospice diagnosis, and
3. The requested medication is not being used for palliative care, and
4. The requested medication is unrelated to the terminal hospice diagnosis and is medically necessary to treat the recipient, and
5. The requested medication is not providing a curative or long-term prophylactic therapy.

## b. For recipients 20 years of age or younger:

1. The prescriber has verified the recipient is enrolled in a hospice program, and
2. The requested medication is not being used to treat or manage symptoms of the terminal hospice diagnosis, and
3. The requested medication is not being used for palliative care.
4. Medically necessary curative medications for this age group are covered by the DHCFP pursuant to Sections 1905(o)(1) and 2110(a)(23) of the Social Security Act.

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2. Prior Authorization Guidelines

- a. Prior Authorization approval will be for three months.
- b. Prior Authorization forms are available at:  
<http://www.medicaid.nv.gov/providers/rx/rxforms.aspx>

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