I. PURPOSE

To provide an exception process for providing adequate pain management for terminally ill patients.

II. POLICY

HPSJ’s Pharmacy Department manages the pharmaceutical Exception process which allows for the coverage of appropriately prescribed pain management medications for terminally ill patients when deemed medically necessary by HPSJ. This policy shall apply to adults and children with a terminal illness.

III. PROCEDURE

A. HPSJ shall define a Terminal Illness as an incurable or irreversible condition that has a high probability of causing death within one year or less (Health & Safety Code Section 1373.96 (c)(4)).

B. Prescribing practitioners and members may request coverage for pain management medications.

C. The prescribing practitioner must submit information to support the medical necessity of the request.

C. The information needed to support an Exception request and the Medication Request Form are on HPSJ’s website, and are also available upon request from the Pharmacy Department. Once the required form and information are received, the request will go through the prior authorization review process. For more info on this process, please see the Prior Authorization policy.

D. The information needed to process an Exception request includes:
1. Member’s plan.
2. Member name and identification number.
3. Member date of birth.
4. Prescribing physician name.
5. Contact person at physician’s office.
6. Physician phone number.
7. Physician office fax number.
8. Dispensing pharmacy name.
9. Pharmacy telephone number.
10. Diagnosis.
11. Drug requested.
12. Reason for exception.
14. Duration of therapy.
15. Other drugs tried and failed.
17. Whether drug is injectable.
18. Whether drug is self-administered injectable.
19. Physician’s signature.

E. HPSJ makes all reasonable attempts to obtain the information needed to make a timely determination by contacting the prescribing practitioner or designated staff as appropriate.

1. Requests from providers for authorization of coverage for a member who has been determined to be terminally ill is approved, modified, or denied within 24 hours of HPSJ’s receipt of the information requested to make the decision.
2. The requested treatment for a terminally ill member is deemed authorized if HPSJ fails to make a determination within 72 hours.
3. Any medications for pain for patients deemed to be terminally ill shall be approved based on medical necessity.

F. For terminally ill members, if a request is denied or more information is required, HPSJ contacts the requesting provider within 24 hours of the determination and provides an explanation of the determination and the reason for the denial or need for more information.

1. Only licensed physicians or health care professionals, competent to evaluate the clinical issues, make decisions to deny pain management for terminally ill patients.
G. The processes outlined in policy UM01, Authorization and Referral Review, and policy UM07, Notice of Action for Delayed, Denied, Modified, or Terminated Services, are followed in making determinations.

H. The Appeals process described in policy QM 65 Member Appeals Policy, is available for any non-authorization determination.

IV. ATTACHMENT(S)

None

V. REFERENCES

A. California Code of Regulations (CCR), Health & Safety Code, §1373.96 (c)(4)
B. California Code of Regulations (CCR), Health & Safety Code, §1367.01(e)
C. California Code of Regulations (CCR), Health & Safety Code, §1367.01(h)(4)
D. California Code of Regulations (CCR), Health & Safety Code, §1367.215(a)
E. HPSJ Policy UM01 – Authorization/Referral Process
F. HPSJ Policy UM07 – Notification to Members of Denial, Deferral, Modification Actions
G. HPSJ Policy UM65 – UM Appeals Policy

VI. REGULATORY AGENCY APPROVALS

DHCS Approved on (pending).

VII. REVISION HISTORY

<table>
<thead>
<tr>
<th>STATUS</th>
<th>DATE REVISED</th>
<th>REVISION SUMMARY</th>
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<tbody>
<tr>
<td>Initial</td>
<td>12/11/18</td>
<td>Creation of policy to explain the exception process for managing pain in terminally ill patients.</td>
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<tr>
<td>Revised</td>
<td>05/14/19</td>
<td>Added purpose statement, updated policy template, annual review.</td>
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Health Plan of San Joaquin Approval: Signatures on File in C360