

POLICY AND PROCEDURE	
Policy # and TITLE: PH25 Pain Medication Requests for the Terminally Ill	
Primary Policy owner: Pharmacy	POLICY #: PH25
Impacted/Secondary policy owner: Select the department(s) that are responsible for compliance with all, or a portion of the policy or procedure as outlined	
1) <input type="checkbox"/> All Departments 2) <input type="checkbox"/> Accounting & Finance (FIN) 3) <input type="checkbox"/> Administration (ADM) 4) <input type="checkbox"/> Behavioral Health (BH) 5) <input type="checkbox"/> Care Management (CM) 6) <input type="checkbox"/> Claims (CLMS) 7) <input type="checkbox"/> Community Marketplace & Member Engagement (MAR) 8) <input type="checkbox"/> Compliance (CMP and HPA) 9) <input type="checkbox"/> Configuration (CFG) 10) <input type="checkbox"/> Cultural & Linguistics (CL) 11) <input type="checkbox"/> Customer Service (CS)	12) <input type="checkbox"/> Facilities (FAC) 13) <input type="checkbox"/> HEDIS/NCQA (QI) 14) <input type="checkbox"/> Human Resources 15) <input type="checkbox"/> Information Technology / Core Systems (IT) 16) <input checked="" type="checkbox"/> Pharmacy (PH) 17) <input type="checkbox"/> Project Management Office 18) <input type="checkbox"/> Provider Contracting (CONT) 19) <input type="checkbox"/> Provider Services (PS) 20) <input type="checkbox"/> Quality Management (QI) 21) <input type="checkbox"/> Utilization Management/ BH (UM)
PRODUCT TYPE: <input checked="" type="checkbox"/> Medi-Cal	Supersedes Policy Number: Policy # and Policy Title

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.
- D. The information needed to support an Exception request and the Prior Authorization 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.
- E. 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. Diagnosis.
9. Drug requested.
10. Reason for exception.
11. Strength, quantity, route, frequency.
12. Duration of therapy.
13. Other drugs tried and failed.
14. Medication allergies.
15. Whether drug is injectable.
16. Whether drug is self-administered injectable.
17. Physician's signature.

F. 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 decide within the review timeframes specified in UM01.
3. Any medications for pain for patients deemed to be terminally ill shall be approved based on medical necessity.

G. 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.

H. 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.

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

IV. ATTACHMENT(S)

- a. DHCS Medi – Cal Managed Care Plans Definitions (Exhibit A, Attachment I, 1.0 Definitions)
- b. [Glossary of Terms Link](#)
- c. Medi-Cal Managed Care Contract Acronyms List (Exhibit A, Attachment I, 2.0 Acronyms)

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. REVISION HISTORY

*Version 001 as of 01/01/2023

Version*	Revision Summary	Date
000	12/18, 05/19, 05/20, 09/21, 12/22	N/A
001	Moved PH25 onto new 2023 template	04/03/2023
002	Removed references to pharmacy benefit review forms and requirements.	09/08/2023
003		
Initial Effective Date: 12/11/2018		

VII. Committee Review and Approval

Committee Name	Version	Date
Compliance Committee	001	02/16/2023
<ul style="list-style-type: none"> Privacy & Security Oversight Committee (PSOC) 	N/A	
<ul style="list-style-type: none"> Risk Management 	N/A	
<ul style="list-style-type: none"> Delegation Oversight 	N/A	
<ul style="list-style-type: none"> Policy Review 	001	01/18/2023
Quality and Utilization Management	001	01/18/2023
<ul style="list-style-type: none"> Quality Of Care 	N/A	
<ul style="list-style-type: none"> Grievance 	N/A	

VIII. REGULATORY AGENCY APPROVALS

Department	Reviewer	Version	Date
Department of Healthcare services (DHCS)			
Department of Managed Care (DMHC)			

IX. *Approval signature**

Signature	Name Title	Date
	PRC Chairperson	
	Policy Owner	
	Department Executive	
	Chief Executive Officer	

**Signatures are on file, will not be on the published copy*