POLICY AND PROCEDURE	
Title: Pain Management	
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) ☐All Departments 2) ☐Behavioral Health & Social Services (BH/SS) 3) ☐ Benefits Administration (BA) 4) ☐ Case Management (CM) 5) ☐ Claims (CLMS) 6) ☐ Community Marketplace & Member Engagement (MAR) 7) ☐ Compliance (CMP/HPA) 8) ☐ Configuration (CFG) 9) ☐ Provider Contracting (CONT) 10) ☐ Cultural & Linguistics (CL) 11) ☐ Customer Service (CS)	12) ☐ Facilities (FAC) 13) ☐ Finance (FIN) 14) ☐ Human Resources (HR) 15) ☐ Information Technology / Core Systems (IT) 16) ☒ Pharmacy (PH) 17) ☐ Provider Networks (PRO) 18) ☐ QI Health Equity (GRV/HE/HEQ/PHM/QM) 19) ☐ Utilization Management (UM) 20) ☐ Procurement (PRM) 21) ☐ Administration (SAF/BC/EM) 22) ☐ Medical Management (MM)
Product Type: ☒Medi-Cal ☐D-SNP	**Supersedes Policy Number:** N/A

I. PURPOSE

United States Department of Health and Human Services Pain Management Best Practices Inter-Agency Task Force recommends a multimodal and patient-centered approach to treating and managing acute or chronic pain. A multimodal approach includes pharmacologic therapy, psychological therapy, physical and occupational therapy, and procedural treatments. Nonpharmacological therapies for pain

management have been proven effective for the treatment of chronic pain and their use should be promoted just as are pharmacological analgesic therapies. Nonpharmacologic strategies for ongoing management of both acute and chronic pain include physical and occupational therapy, procedural techniques, and psychological measures. The approach to treating pain with pharmacological agents should include an analysis of both the mechanism of action and the site of pain. The purpose of this policy is to provide pain management guidelines for the treatment of non-opiate related and an exception process for requests for the terminally ill.

II. POLICY

Health Plan of San Joaquin and Mountain Valley Health Plan's ("Health Plan") 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 Health Plan. This policy will apply to adults and children with terminal illnesses.

III. PROCEDURE

A. *Non-Opioid Pain Management*

1. Pursuant to California Department of Managed Care (DMHC) APL 22-031, Health Plan pharmacy team follows up with providers and members to provide education and resources for the treatment of non-opioid related pain.
    a. Provider Communication: The following information is available to providers on Heath Plan's website https://www.hpsj.com/.
        i. Health Plan provider alerts - Clinical alerts educate providers of new therapeutics options that have become available for outpatient chronic pain.
        ii. Health Plan has a provider pain management web page (https://www.hpsj.com/)that is continually updated with any new information or changes regarding chronic pain management. The web page always contains, at minimum, the following information:

A. United States Department of Health and Human Services' Pain Management Taskforce Best Practices
B. Current non-pharmacological therapies that are available.
C. Pain management services covered by the Health Plan versus services covered by Medi-Cal Rx.
D. Statement that the covered services are available to members at no cost.
E. List of available pain management providers within the Health Plan's network.
F. Links to County Opiate Coalition and Local MAT treatment centers.

B. Pain Requests for the Terminally Ill

1. Health Plan 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)).
2. Prescribing practitioners and members may request coverage for pain management medications.
3. The prescribing practitioner must submit information to support the medical necessity of the request.
4. The information needed to support an Exception request, and the Prior Authorization Request Form are on the Health Plan's website and are also available upon request from the Pharmacy Department. Once the required form and information are received, the request goes through the prior authorization review process. For more info on this process, please see the Prior Authorization policy.
5. The information needed to process an Exception request includes:
    a. Member's plan.
    b. Member name and identification number.
    c. Member date of birth.
    d. Prescribing physician name.

e. Contact person at physician's office.
f. Physician phone number.
g. Physician office fax number.
h. Diagnosis.
i. Drug requested.
j. Reason for exception.
k. Strength, quantity, route, frequency.
l. Duration of therapy.
m. Other drugs tried and failed.
n. Medication allergies.
o. Whether drug is injectable.
p. Whether drug is self-administered injectable.
q. Physician's signature.

6. The Health Plan makes all reasonable attempts to obtain the information needed to make a timely determination by contacting the prescribing practitioner or designated staff as appropriate.
   a. Requests from providers for authorization of coverage for a member who has been determined to be terminally ill are approved, modified, or denied per timeframes specified in UM01 upon Health Plan's receipt of the information requested to make the decision.
   b. The requested treatment for a terminally ill member is deemed authorized if the Health Plan fails to decide within the review timeframes specified in UM01, Authorization/Referral Process.
   c. Any medications for pain for patients deemed to be terminally ill shall be approved based on medical necessity.
7. For terminally ill members, if a request is denied or more information is required, the Health Plan contacts the requesting provider via phone and fax within 24 hours of the determination and provides an

explanation of the determination and the reason for the denial or need for more information.

a. Only licensed physicians or health care professionals, competent to evaluate the clinical issues, make decisions to deny pain management for terminally ill patients.

8. The processes outlined in Health Plan Policies UM01 - Authorization and Referral Review, PH05 – Prior Authorizations, UM06 – Medical Review Criteria, and policy UM07 - Notice of Action for Delayed, Denied, Modified, or Terminated Services, are followed in making determinations.

9. The Appeals process described in Health Plan policy QM65 Member Appeals Policy, is available for any non-authorization determination.

IV. ATTACHMENT(S)

A. AB 2585 Nonpharmacological Pain Management Treatment 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. DHCS Contract, Exhibit A, Attachment 10, F. 1

F. DMHC APL 22-031 – Newly Enacted Statues Impacting Health Plans (2022 Legislative Session); AB 2585
G. Health Plan Policy PH05 Prior Authorizations
H. Health Plan Policy QM65 Member Appeals
I. Health Plan Policy UM01 Authorization/Referral Process
J. Health Plan Policy UM06 Medical Review Criteria
K. Health Plan Policy UM07 Notification to Members of Denial, Deferral, Modification Actions
L. NCQA Standard UM 13 – Procedures for Pharmaceutical Management
M. Title 22, CCR, Section 53854
N. Welfare & Institutions Code Section 14185(a)(1) and (2)

VI. REVISION HISTORY

Version*	Revision Summary	Date
000	12/18, 05/19, 05/20, 09/21, 12/22	N/A
001	Moved PH25 onto new 2023 template	4/3/2023
002	Removed references to pharmacy benefit review forms and requirements.	9/8/2023
003	Merged and revised contents from PH32-Non-Opioid Pain Management into PH25-Pain Management for Terminally Ill Patients.	9/5/2024
004	Reviewed and updated references sections. Content has no changes.	3/6/2025
005	Formatting edits were made.	3/7/2026
Initial Effective Date: 12/11/2018		
Published Date:08/20/2026		

VII. Committee Review and Approval to be Completed by Compliance

Committee Name	Version	Date
Compliance Committee (CC)	005	08/14/2026

• Privacy & Security Oversight Committee (PSOC)		
• Program Integrity Committee (PIC)		
• Audits & Oversight Committee (AOC)		
• Policy Review Committee (PRC)	002	3/20/2024
Quality Improvement and Health Equity Committee (QIHEC)	005	05/20/2026
• Quality Of Care (QOC)		
• Grievance Committee (GC)		

VIII. REGULATORY AGENCY APPROVALS

Department	Reviewer	Version	Date
Department of Healthcare services (DHCS)	MCOD Operational Readiness	001	8/15/2023
Department of Managed Care (DMHC)			

IX. *Approval signature**

Signature	Name Title	Date
	PRC Chairperson	
	Policy Owner	

Signature	Name Title	Date
	Department Executive	
	Chief Executive Officer	

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