VENTURA COUNTY HEALTH CARE PLAN

Drug Policy:
Pain Management for Terminally Ill Patients

Effective 9/1/99
Revised: 4/2006, 4/2007, 04/2008, 08/2009, 04/2011, 1/2012, 1/2013, 2/2014, 1/2015, 1/2016, 1/2017, 1/2018, 10/2018, 1/2019, 2/2020, 2/2021, 2/2022, 2/2023

PAIN MANAGEMENT FOR TERMINALLY ILL PATIENTS

Policy

VCHCP covers appropriately prescribed pain management medications for terminally ill patients when medically necessary.

Definition

"Terminally ill" means a patient who meets all of the following conditions:

a. In the reasonable medical judgment of the prescribing physician, the patient has been determined to be suffering from an illness that is incurable and irreversible.

b. In the reasonable medical judgment of the prescribing physician, the patient's illness will, if the illness takes its normal course, bring about the death of the patient within a period of one year.

c. The patient's treatment by the physician prescribing a Schedule II controlled substance is for the control of pain, symptom management, or both, rather than for the cure of the illness.

Procedure

VCHCP does not require prior authorization for preferred pain medications.

Decision:

- VCHCP shall approve or deny a provider's non-preferred pain medication request or quantity override of a preferred pain medication for a terminally ill member within **24 hours for a new medication request and within 48 hours for a refill medication request,** from the Plan's receipt of request, not to exceed 72 hours of receipt of the request.

Notification:

- The Plan notifies the enrollee of its decision in writing within 72 hours of receipt of the request.
- If medication request is denied or if additional information is required, the Plan shall contact the provider within one working day of the determination with an explanation of the reason for the denial or the need for additional information not to exceed 72 hours from receipt of request.
- If the Plan delays, denies and/or modifies the request:
    - The Plan's written notices include a clear and concise explanation of the reasons for the Plan's decision.

- In addition, the Plan's written denials include a description of the criteria or guidelines as well as the clinical reasons for the decision regarding medical necessity.
- The Plan's written notices to the requesting provider include the name and direct telephone number or telephone extension of the professional that made the determination.
- Only Plan physician reviewers can deny or modify a medication for terminally ill member.
- If the request is denied, or if additional information is required, the Plan is required to contact the requesting provider within one working day of the Plan's determination, with an explanation of the determination, and the reason for the denial or the need for additional information.

  See UM Policy: Treatment Authorization Request: Authorization Process and Timeline Standards for details of authorization process and timeline standards for medications. See Drug Policy: Prior Authorization of Medications for detailed process of prior authorization requests submissions, process and timelines.

The requested treatment shall be deemed authorized if VCHCP does not meet the above timeframes for notification of the provider. The provider shall contact the Plan within one business day of proceeding with a deemed authorized treatment to do all of the following:

1. Confirm that the time frame for notification has expired
2. Provide member identification
3. Notify Plan of the provider(s) performing the treatment
4. Notify Plan of the facility or location where treatment was rendered.

VCHCP shall then authorize the treatment rendered.

A prescription for a Schedule II controlled substance for use by a patient who has a terminal illness shall conform to the following guidelines found in CA Health & Safety Code 11162.1,11164, and 11159.2:

1. The prescription shall be signed and dated by the prescriber and shall contain the name of the person for whom the controlled substance is prescribed, the name and quantity of the controlled substance prescribed, and directions for use. The signature, date and information required shall be wholly written in ink or indelible pencil in the handwriting of the prescriber.
2. The prescription shall also contain the address of the person for whom the controlled substance is prescribed, and shall contain the name, address, telephone number, category of professional licensure and federal controlled substance registration number of the prescriber.
3. If the prescription does not meet the requirements specified in Section 11162.1, the prescription must contain the information specified in Section 11164 and indicate that the prescriber has certified that the patient is terminally ill by including the words "11159.2 exemption."
4. A pharmacist may fill a prescription when there is a technical error in the certification, provided that he or she has personal knowledge of the patient's terminal illness, and subsequently returns the prescription to the prescriber for correction within 72 hours.

By following the above procedure, refills of Schedule II, III, or IV substances may be made.

VENTURA COUNTY
HEALTH CARE PLAN

A. Supporting Documents: See UM Policy: Treatment Authorization Request: Authorization Process and Timeline Standards. See Drug Policy: Prior Authorization of Medications; TAR Timeframe Workflow Grid

B. References: California Health & Safety Code sections: 1367.215, 11159.2**,** 11164, and 11162.1

C. History:
Reviewers: P&T Committee, Medical Director, QA Manager
Reviewed/Updated: Cynthia Wilhelmy, MD; Date: April 2006
Date Approved by P&T Committee: 04-24-06
Reviewed/revised by Lita Catapang RN & Sheldon Haas, MD; Date: April 2007
Date Approved by P&T Committee: 4/30/07; QA Committee: 5/22/07
Reviewed/No Updates: Sheldon Haas, MD; Date: April 2008
Date Approved by P&T Committee: 4/28/08; QA Committee: 5/19/08
Reviewed/No Updates: Lita Catapang RN & Sheldon Haas MD; Date: Aug 2009
Reviewed/No Updates: Faustine Dela Cruz RN & Albert Reeves, MD; Date: April 2011
Date Approved by P&T Committee: 4/26/11; QA Committee: 5/24/11
Reviewed/No Updates: Faustine Dela Cruz RN, Cecilia Cabrera-Urango RN, & Albert Reeves, MD; Date: January 2012
Date Approved by P&T Committee: 1/31/12; QA Committee: 2/28/12
Reviewed/No Updates: Albert Reeves, MD; Date: 1/28/13
Date Approved by P&T Committee: 1/29/13; QA Committee: 2/26/13
Reviewed/No Updates: Catherine Sanders, MD; Date: 1/28/14
Date Approved by P&T Committee: 1/28/14; QA Committee: 2/25/14
Reviewed/No Updates: Catherine Sanders, MD; Date: 1/27/15
Date Approved by P&T Committee: 1/27/15; QA Committee: 2/24/15
Reviewed/No Updates: Catherine Sanders, MD; Robert Sterling, MD; Faustine Dela Cruz, RN; Date: 1/27/16
Date Approved by P&T Committee: 1/26/16; QA Committee: 2/23/16
Reviewed/No Updates: Catherine Sanders, MD; Robert Sterling, MD; Faustine Dela Cruz, RN; Date: 1/24/17
Date Approved by P&T Committee: 1/24/17; QA Committee: 2/28/17
Reviewed/No Updates: Catherine Sanders, MD; Robert Sterling, MD; Faustine Dela Cruz, RN; Date: 1/23/18
Date Approved by P&T Committee: 1/23/18; QA Committee: 2/27/18
Reviewed/Updated: Catherine Sanders, MD; Robert Sterling, MD; Faustine Dela Cruz, RN; Date: 9/12/18
Date Approved by P&T Committee: 10/23/18; QA Committee: 11/27/18
Reviewed/Updated: Robert Sterling, MD; Faustine Dela Cruz, RN; Date: 1/22/19
Date Approved by P&T Committee: 1/22/19; QA Committee: 2/26/19
Reviewed/No Updates: Howard Taekman, MD; Faustine Dela Cruz, RN; Date: 2/18/20
Date Approved by P&T Committee: 2/18/20; QA Committee: 2/25/20
Reviewed/Updated: Howard Taekman, MD; Faustine Dela Cruz, RN; Date: 2/2/21
Date Approved by P&T Committee: 2/2/21; QA Committee: 2/23/21
Reviewed/Updated: Howard Taekman, MD; Faustine Dela Cruz, RN; Date: 2/1/22
Date Approved by P&T Committee: 2/1/22; QA Committee: 2/22/22
Reviewed/Updated: Howard Taekman, MD; Faustine Dela Cruz, RN; Date: 1/31/23
Date Approved by P&T Committee: 1/31/23; QA Committee: 2/7/23

Revision Date	Content Revised	Contributors	Review/Revision Notes

	(Yes/No)		
1/26/2016	No	Faustine DelaCruz, RN; Catherine Sanders, MD; Robert Sterling, MD	Annual review
1/24/2017	No	Faustine DelaCruz, RN; Catherine Sanders, MD; Robert Sterling, MD	Annual Review
1/23/18	No	Faustine DelaCruz, RN; Catherine Sanders, MD; Robert Sterling, MD	Annual Review
9/12/18	Yes	Faustine DelaCruz, RN; Catherine Sanders, MD; Robert Sterling, MD	Only Plan physician reviewers can deny or modify a medication for terminally ill member. See UM Policy: Treatment Authorization Request: Authorization Process and Timeline Standards for details of authorization process and timeline standards for medications.
1/22/19	Yes	Faustine Dela Cruz, RN; Meriza Ducay, RN Robert Sterling, MD Catherine Sanders, MD	• Annual Review • Updated the Decision and Notification Timelines • Written notices with clear and concise explanation of the reasons for the Plan's decision and citation of criteria used for denials and modifications • Written notice includes name and direct telephone number or telephone extension of the professional that made the determination • Referenced to UM Policy: Treatment Authorization Request: Authorization Process and Timeline Standards for details of authorization process and timeline standards for medications. • Reference to Drug Policy: Prior Authorization of Medications for detailed process of prior authorization requests submissions, process and timelines
2/18/20	No	Faustine Dela Cruz, RN; Howard Taekman, MD	• Annual Review
2/2/21	Yes	Faustine Dela Cruz, RN; Howard Taekman, MD	• Updated with DMHC Requirement: If the request is denied, or if additional information is required,

			the Plan is required to contact the requesting provider within one working day of the Plan's determination, with an explanation of the determination, and the reason for the denial or the need for additional information.
2/1/22	No	Faustine Dela Cruz, RN; Howard Taekman, MD	• Annual Review
1/31/23	No	Faustine Dela Cruz, RN; Howard Taekman, MD	• Annual Review