



PLAN POLICY AND PROCEDURE	
 <p>Title: SHP Pharmacy Management Procedure for Pain Management for the Terminally Ill</p>	Product Line (check all that apply): <ul style="list-style-type: none"> <input checked="" type="checkbox"/> All <input type="checkbox"/> Group HMO <input type="checkbox"/> Individual HMO <input type="checkbox"/> PPO <input type="checkbox"/> POS <input type="checkbox"/> N/A
Division(s): Health Services	
Department(s): Pharmacy	
Owner (Title): Pharmacy Manager	
Relevant Regulatory/Accrediting Agencies/Citations (specify):	
<input type="checkbox"/> CMS: _____ <input checked="" type="checkbox"/> DMHC: <u> RX-001 A </u> <input type="checkbox"/> NCQA-HP: _____ <input type="checkbox"/> NCQA-WHP: _____ <input type="checkbox"/> OTHER: _____	
Approved by: (Signature of VP, Compliance Officer, or CEO) 	Approval date: 3/09/2016

I. PURPOSE:

This Policy and Procedure defines Sharp Health Plan's (Plan) benefit for provision of pain control medications for Plan enrollees who are terminally ill.

II. POLICY:

Pain medications on the SHP formulary are a covered benefit when prescribed by a Plan physician. SHP will provide coverage for appropriately prescribed pain management non-formulary medications for terminally ill patients when medically necessary. This benefit does not apply if the medication prescribed is a different-use drug. It is the policy of the Plan to use and accept only prior authorization requests submitted on the Prescription Drug Prior Authorization Request Form, numbered No. 61-211.

III. DEFINITIONS:

- A. Terminally Ill** - For the purpose of this policy is defined as an incurable or irreversible condition that, according to the enrollee's current diagnosis, has a high probability of causing death within one year or less.

- B. Different-use Drug - For the purpose of this policy is a medication that has been approved by the FDA for a use other than pain management, and does not qualify as a drug recognized for the treatment of pain by an approved source of drug expertise as defined in Health and Safety code section 1367.21.

V. PROCEDURE:

- A. Provider shall submit to the Plan a request for authorization of coverage for a prescribed non-formulary pain medication accompanied by appropriate medical records and a signed statement that the member is terminally ill.
- B. SHP shall approve or deny the request in a timely fashion, appropriate for the nature of the enrollee's condition, not to exceed seventy-two (72) hours for routine requests and 24 hours for urgent requests.
- C. The Plan shall contact the provider within seventy-two (72) hours for routine requests and within twenty-four (24) hours for urgent requests with notification of approval or with an explanation of Plan denial.
The denial notification shall include a clear and concise explanation of the reasons for the Plan's decision, a description of the criteria or guidelines used, and the clinical reasons for the decision regarding medical necessity.
- D. Failure to conform to this timeline will result in the requested treatment being deemed authorized.
- E. For a requested treatment that becomes deemed authorized the provider shall contact the Plan within one business day of proceeding with the deemed authorization treatment, to do all of the following:
 - 1) Confirm that the timeframe has expired
 - 2) Provide enrollee identification
 - 3) Notify the Plan of the provider or providers performing the treatment
 - 4) Notify the Plan of the facility or location where the treatment was rendered.
- F. If coverage is denied, the plan shall provide to the enrollee all of the following information within twenty-four (24) hours for urgent requests and within seventy-two (72) hours for routine requests:
 - 1) A statement setting forth the specific medical and scientific reasons for denying coverage.
 - 2) A description of alternative treatment, services, or supplies covered by the plan, if any.
 - 3) Copies of the plan's grievance procedures, complaint form, or both.
- G. If a coverage is denied, the denial process as outlined in the Sharp Pharmacy Management Procedure for Pharmacy Denial Process (HS-RX-106) is followed.

V. ATTACHMENTS: N/A

VI. REFERENCES:

- A. California Health and Safety Code sections 1367.01 (e) and (h)(4), 1367.215(a),

1368.1(b)

- B. Sharp Pharmacy Management Procedure for Pharmacy Denial Process (HS-RX-106)

VII. REVISION HISTORY:

Date	Modification (Reviewed and/or Revised)
03/14/2012	Original Document. Approved by P&T Committee
03/13/2013	Approved by P&T Committee
03/19/2014	Approved by P&T Committee
03/18/2015	Approved by P&T Committee
03/09/2016	Approved by P&T Committee