

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. 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 information requested by Plan to make a decision. 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.

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.

A. Attachments: none

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

C. Reviewers: Pharmacy & Therapeutics Committee, Medical Director, QA Manager

Reviewed/revised by: Cynthia Wilhelmy, MD Date: April 2006

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Reviewed/revised by: Lita Catapang RN & Sheldon Haas, MD Date: April 2007

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