

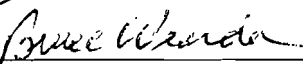


**KERN HEALTH SYSTEMS
POLICIES AND PROCEDURES**

SUBJECT: Pain Management Medications for the Terminally Ill		INDEX NUMBER 13.03-P		Page 1 of 2			
RESPONABLE DEPARTMENT HEAD: Corporate Pharmacist							
Review Date	08/00	02/02	04/2009				
Effective Date		06/02	04/21/09				
Revision Date	08/00	2002-03	2009-04				

Approved		Date	4/20/09
	Carol Sorrell, R.N. Chief Executive Officer		
Approved		Date	4-20-09
	Associate Medical Director		
Approved		Date	April 13, 2009
	Corporate Pharmacist		

POLICY¹:

Kern Health Systems (KHS) covers appropriately prescribed pain management medications for terminally ill members when medically necessary. KHS will approve or deny the request for authorization of coverage in accordance with the guidelines outlined in *KHS policy and procedure #13.01 – Non Formulary Treatment Request*. Only non-formulary medications or those administered via/home health or hospice require prior authorization.

PURPOSE:

To establish definition of terminally ill; define coverage of pain management medications for terminally ill when medically necessary; and to define time lines for authorization or denial of request.

DEFINITIONS

Terminally ill - when a member has a terminal condition that, according to the member's physician's current diagnosis, has a high probability of causing death within two (2) years¹.

PROCEDURE

**KERN HEALTH SYSTEMS
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1.0 AUTHORIZATION

For those drugs which require prior authorization, the provider must obtain prior authorization through the customary referral process. See KHS Policy and Procedure #13.01 – Non-Formulary Treatment Requests for details. The referral must clearly identify the patient as terminally ill.

If the request is denied or if additional information is required, the plan shall contact the provider within one (1) business day of the determination, with an explanation of the reason for the denial or the need for additional information.²

1.1 Automatic Authorization Upon Expiration of Time Limit³

The requested treatment is deemed authorized if KHS has not contacted the provider within one (1) business day of the receipt of the information requested by KHS to make a decision. The provider must contact KHS within one (1) business day of proceeding with the deemed authorized treatment to do all of the following:

- A. Confirm the time frame has expired
- B. Provide enrollee identification
- C. Notify KHS of the provider or providers performing the treatment
- D. Notify KHS of the facility or location where the treatment was rendered

2.0 EXCLUSIONS

These provisions do not apply to coverage for any drug that is prescribed for a use that is different from the indication approved by the Food and Drug Administration (FDA)⁴. This coverage may allow use of drugs fitting the community standard use even though there is not a FDA approved indication

¹ **Revision 2009-04:** Policy reviewed by Corporate Pharmacist, no revisions necessary. Not reviewed by the AIS Department. **Revision 2000-03:** Revised per DHS comment letter 1-30-02

² Health and Safety Code, Section 1367.215 (a)

³ Health and Safety Code, Section 1367.215 (a)

⁴ Health and Safety Code, Section 1367.215 (b)