

POLICY AND PROCEDURE	
Policy # and TITLE: PH32 Non-Opioid Pain Management	
Primary Policy owner: Pharmacy	POLICY #: PH32
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) <input type="checkbox"/> All Departments 2) <input checked="" type="checkbox"/> Behavioral Health (BH) 3) <input type="checkbox"/> Benefits Administration (BA) 4) <input checked="" type="checkbox"/> Care Management (CM) 5) <input type="checkbox"/> Claims (CLMS) 6) <input type="checkbox"/> Community Marketplace & Member Engagement (MAR) 7) <input type="checkbox"/> Compliance (CMP/HPA) 8) <input type="checkbox"/> Configuration (CFG) 9) <input type="checkbox"/> Provider Contracting (CONT) 10) <input type="checkbox"/> Cultural & Linguistics (CL) 11) <input type="checkbox"/> Customer Service (CS)	12) <input type="checkbox"/> Facilities (FAC) 13) <input type="checkbox"/> Finance (FIN) 14) <input type="checkbox"/> Human Resources (HR) 15) <input type="checkbox"/> Information Technology / Core Systems (IT) 16) <input checked="" type="checkbox"/> Pharmacy (PH) 17) <input type="checkbox"/> Provider Networks (PRO) 18) <input checked="" type="checkbox"/> QI Health Equity (GRV/HE/HEQ/PHM/QM) 19) <input checked="" type="checkbox"/> Utilization Management (UM)
PRODUCT TYPE: <input checked="" type="checkbox"/> Medi-Cal	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.

II. **POLICY**

Health Plan of San Joaquin and Mountain Valley Health Plan (“Health Plan”)’s Pharmacy Department works with network providers and provide education to ensure that members are treated for pain according to current guidelines and that providers take a multimodal approach to pain therapy.

III. **PROCEDURE**

Utilization Management and Monitoring:

- A. Pursuant to APL 22-031, the pharmacy team monitors pain treatment utilization. The pharmacy team follows up with providers and members to provide education and resources based on utilization.
1. The Health Plan reviews member utilization for chronic pain treatments in both the medical and pharmacy benefits to identify members who have been diagnosed with or treated for chronic pain.
 2. Members are identified:
 - a. Does the member have a diagnosis of chronic pain?
 - b. Are they receiving Non-salicylate Analgesics?
 - c. Oral Non-Steroid Anti-Inflammatory Drugs (NSAIDs)
 - d. Received chimeric antigen receptor T cell therapy or a hematopoietic stem cell transplant (and are within 2 years of transplantation or are receiving immunosuppressive therapy).
 - e. Are they receiving Skeletal Muscle Relaxants
 - f. Are they currently taking antidepressants?
 - g. Are they taking anticonvulsants?
 - h. Are they taking Topical NSAID Formulations?
 - i. Are they taking Other Topical Formulations?

- j. Are they taking short-acting opiates?
 - k. Are they taking long-acting opiates?
 - l. Has the member received physical therapy?
3. The report is generated quarterly, and the pharmacy team compares it against available prescription information to determine which members received medications to treat chronic pain and which did not. The pharmacy team follows up with providers to provide education and outreach. The pharmacy team reviews with the provider whether the provider is going to provide follow-up with the member.
4. Both the inpatient team and the case management team sends any identified cases of chronic pain to the pharmacy team to review and outreach to the provider and member as appropriate.

Provider Communication:

- A. The following information will be available to providers on the Health Plan's website <https://www.hpsj.com/>.
 1. The Health Plan provider alerts - Clinical alerts educate providers of new therapeutics options that have become available for outpatient chronic pain.
 2. The 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.

Member Communications:

- A. Quarterly newsletters that are sent to members. Future newsletters will contain information detailing pain management resources available to members and how to access services at no cost via the Health Plan's website.

IV. ATTACHMENT(S)

- A. AB 2585 Nonpharmacological Pain Management Treatment
- B. DHCS Medi – Cal Managed Care Plans Definitions (Exhibit A, Attachment I, 1.0 Definitions)
- C. [Glossary of Terms Link](#)
- D. Medi-Cal Managed Care Contract Acronyms List (Exhibit A, Attachment I, 2.0 Acronyms)

V. REFERENCES

- A. DHCS Contract, Exhibit A, Attachment 10, F. 1
- B. DMHC APL 22-031
- C. NCQA Standard UM 13 – Procedures for Pharmaceutical Management
- D. Title 22, CCR, Section 53854
- E. Welfare & Institutions Code Section 14185(a)(1) and (2)

VI. REVISION HISTORY

**Version 001 as of 01/01/2023*

Version*	Revision Summary	Date
001	New Policy	9/1/2023
002		
003		
Initial Effective Date: 9/1/2023		

VII. Committee Review and Approval

Committee Name	Version	Date
Compliance Committee	001	2/15/2024
<ul style="list-style-type: none"> Privacy & Security Oversight Committee (PSOC) 		
<ul style="list-style-type: none"> Risk Management 		
<ul style="list-style-type: none"> Delegation Oversight 		
<ul style="list-style-type: none"> Policy Review 	001	1/17/2024
Quality and Utilization Management		
<ul style="list-style-type: none"> Quality Operations Committee 		
<ul style="list-style-type: none"> Grievance 		

VIII. REGULATORY AGENCY APPROVALS

Department	Reviewer	Version	Date
Department of Healthcare services (DHCS)	N/A	N/A	N/A
Department of Managed Care (DMHC)	DMHC Attorney	001	12/5/2023

IX. Approval signature*

Signature	Name Title	Date
	PRC Chairperson	



Signature	Name Title	Date
	Policy Owner	
	Department Executive	
	Chief Executive Officer	

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