



State of California—Health and Human Services Agency
Department of Health Care Services



ARNOLD SCHWARZENEGGER
Governor

Date: December 24, 2008

TO: ALL GENETICALLY HANDICAPPED PERSONS PROGRAM (GHPP)
HEMOPHILIA TREATMENT CENTER (HTC) MEDICAL DIRECTORS
AND STAFF

SUBJECT: FACTOR AUTHORIZATION REQUEST PROCEDURE AND GHPP
CLIENT LETTER

The purpose of this memorandum is to provide you with a copy of the GHPP Information Notice on factor authorization requests. Over the last few months, the GHPP program worked with HTC staff on addressing the challenges of factor authorizations when there is limited medical justification documentation. Also included is a copy of a letter that will be sent to all GHPP clients with hemophilia on the importance of maintaining communication of their medical needs with their HTC and the GHPP program. All of the documents are available at <http://www.dhcs.ca.gov/services/ghpp/Pages/ProviderLetters.aspx>

If you have any questions, please feel free to call the GHPP office at (800) 639-0597.

Sincerely,

Original Signed by Marian Dalsey, M.D., M.P.H.

Marian Dalsey, M.D., M.P.H., Chief
Children's Medical Services Branch

cc: Judith Baker
Regional Administrative Director
Federal Hemophilia Treatment Centers/Region IX
Mattell Children's Hospital UCLA
Division of Pediatric Hematology/Oncology
10833 Le Conte Avenue
Room A2-410 MDCC
Los Angeles, CA 90095-1752



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GHPP Information Notice

TO: ALL GENETICALLY HANDICAPPED PERSONS PROGRAM (GHPP)
HEMOPHILIA TREATMENT CENTER (HTC) MEDICAL DIRECTORS
AND STAFF, FACTOR PHARMACY PROVIDERS

SUBJECT: FACTOR AUTHORIZATION REQUEST PROCEDURE CLARIFICATION

The purpose of this notice is to address issues related to the authorization of factor replacement therapy services for clients of the GHPP. There have been recent problems with the issuance of these authorizations due to errors and/or omissions on the factor requests and numerous requests for as needed (“prn”) doses without adequate medical justification. This letter further clarifies information about the authorization procedure which was outlined in the GHPP Information Notice dated February 27, 2006.

Effective January 1, 2009:

1. GHPP will continue to require prior authorization for all factor therapy services. GHPP will authorize factor replacement therapy services for all eligible GHPP clients at one (1) month intervals up to the end of the client’s program eligibility. One month authorizations will be given to reduce workload issues occurring when a pharmacy requests authorization changes due to changing NDCs.
2. GHPP will authorize factor replacement for:
 - Routine prophylaxis or maintenance
 - Routine prophylaxis or maintenance plus as needed (“prn”) dose for breakthrough bleeding
 - As needed (“prn”) dosing
3. GHPP will treat as separate prescriptions, those for routine maintenance and those for as needed (“prn”). Accordingly, GHPP will be issuing separate authorizations for prophylaxis/maintenance and those for as needed (“prn”). It is highly recommended

that HTC's issue distinct prescriptions for routine prophylaxis/maintenance and for as needed "prn" use.

Routine prescriptions will be authorized according to #1 above and should require minimal additional information for further authorizations. If there is a need for more factor than prescribed in the current prescription, the GHPP requires an updated prescription from the prescriber with a new request for authorization with medical justification.

As needed ("prn") prescriptions will be authorized for dispensing (to keep factor on hand) but requires medical justification for further authorizations. Pharmacy providers must communicate with the client and/or HTC to determine why the existing "prn" dose was used. Documentation of use must be kept by the provider and submitted to GHPP with a new request for authorization of additional "prn" doses. If there is a need for more factor than prescribed in the current prescription, the GHPP requires an updated prescription from the prescriber with a new request for authorization with medical justification.

4. The following describes the minimum information necessary on the written factor prescriptions to expedite authorization by the GHPP:

1. Copy of a valid written prescription must contain the following:
 - Specific brand of factor requested, if specified by prescribing physician
 - Number of units per dose, include "+ or - 10 percent" to accommodate the pharmacy's availability of assay
 - Frequency of the dose
 - Maximum doses per month
 - Duration of the prescription or number of refills
 - Indication if the prescription is maintenance/prophylaxis and/or as-needed "prn"
 - Patient name and date of birth
 - Date of the prescription
 - Printed name of prescriber
 - Signature of the prescriber, if not a MD the license class must be indicated i.e. Registered Nurse Practitioner (RNP), Physician Assistant (PA).

NOTE: SIGNATURE OF AN AUTHORIZED REPRESENTATIVE IN LIEU OF PRESCRIBER SIGNATURE IS NOT ALLOWED (PRESCRIBER CANNOT DELEGATE THEIR SIGNATURE).

2. Requests for factor must contain the following:

- NDC (for pharmacies) or HCPCS code (for clinics or physician office) for the factor requested
- Units per vial and number of vials needed per month to meet prescribed dose and frequency of use
- Dates of service requested
- If the prescription is a verbal order transcribed by a pharmacist, in addition to the items above:
 1. Name of the prescriber's authorized representative if calling for the prescriber
 2. License classification of the prescriber if not a MD, (PA, RNP)
 3. Pharmacist's initials - who took the verbal prescription
 4. Time and date when the order was received and transcribed by the pharmacist (should be on the front of the prescription for GHPP case managers to review via fax)

PHARMACIES: Requests for a reauthorization for another one month should be submitted at least two weeks prior to the expiration of an existing authorization.

Thank you for your assistance in the GHPP factor request process. If you have any questions regarding the factor authorization process, please contact the GHPP at (800) 639-0597.

Sincerely,

Original Signed by Marian Dalsey, M.D., M.P.H.

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cc: Joleen Heider-Freeman, M.S., R.D., Chief
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To: Genetically Handicapped Persons Program (GHPP) Clients with Hemophilia

Subject: Communication between GHPP Clients, Hemophilia Treatment Center (HTC) Providers and the GHPP Program

Maintaining communication between you and your hemophilia treatment center provider is essential for ensuring the highest quality care. The GHPP is experiencing challenges with authorization of factor products due to lack of medical justification from the requesting pharmacies. To help address these problems, GHPP needs information about your bleeding episodes and factor dosing in order to authorize refills if you use factor on an “as needed” basis.

GHPP authorizes the following type of factor requests:

- 1) Factor products for use on a regular prophylaxis basis. These products are authorized one month at a time.
- 2) A stock of “as needed” factor product, in addition to prophylactic factor, to be kept at your home and used for breakthrough bleeding. Medical justification is needed to authorize replacement doses of these “as needed” products when there is breakthrough bleeding or trauma.
- 3) Periodic factor doses for bleeding episodes and/or to use prior to a specific event if you are not on prophylaxis therapy. These doses are used to prevent bleeding, such as surgery, dental work or physical activity. Medical justification is needed to authorize these requests. It would be helpful to keep a written record of your bleeding episodes to provide to the pharmacy.

It is important if you experience breakthrough bleeds to communicate your medical needs to your HTC team, in addition to your pharmacy provider. We all need to be apprised of any changing medical needs in order to provide authorizations of medically necessary services. Also please keep in mind due to the limited number of GHPP staff, requests for a reauthorization for another month of prophylaxis factor should be

Genetically Handicapped Persons Program (GHPP) Clients with Hemophilia
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submitted by the pharmacy at least two weeks before the expiration of an existing authorization.

Thank you for your assistance in this matter. If you have any questions, please feel free to call the GHPP office at (800) 639-0597.

Sincerely,

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Hemophilia Treatment Center