State of California-Health and Human Services Agency
Department of Health Services

California Department of Health Services
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Director

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February 27, 2006

GHPP Information Notice

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

SUBJECT: BLOOD FACTOR AUTHORIZATION REQUEST PROCEDURE CLARIFICATION

The purpose of this notice is to address issues related to the authorization of blood 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. This letter clarifies information about the authorization procedure which was outlined in the GHPP Information Notice dated January 25, 2005.

GHPP shall continue to require prior authorization for all factor therapy services. Also, the GHPP will continue to authorize factor replacement therapy services for all eligible GHPP clients to cover factor product prescriptions for three (3) month intervals or until the end of the client's Program Service Agreement or program eligibility. For example, a "routine" factor authorization includes a one (1) month supply of factor with two (2) refills. If during this three month period of the authorization, there is a need for more factor due to a bleed and the amount of factor exceeds the current prescription, the GHPP requires an updated prescription from the prescriber and a new request for authorization with the statement of purpose (e.g. to treat a knee bleed). NOTE FOR DISPENSING PHARMACIES: Requests for a reauthorization for another three months should be submitted at least two weeks prior to the expiration of an existing authorization.

The following describes the minimum information necessary on the factor written prescription 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 blood factor must contain the following (NOTE: this applies to the dispensing pharmacy):

- HCPCS code 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 under #1

    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)

Thank you for your assistance in the GHPP factor request process. If you have any questions regarding the blood 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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M e m o r a n d u m

Date: February 27, 2006

From: Marian Dalsey, M.D., M.P.H.
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To: ALL GENETICALLY HANDICAPPED PERSONS PROGRAM (GHPP) HEMOPHILIA TREATMENT CENTER (HTC) MEDICAL DIRECTORS AND STAFF, PHARMACY PROVIDERS

Subject: BLOOD FACTOR AUTHORIZATION REQUEST PROCEDURE CLARIFICATION

The purpose of this correspondence is to revise the February 6, 2006 GHPP Information Notice on "Blood Factor Authorization Request Procedure Clarification". The language "+ or – 10 percent to accommodate the pharmacy's availability of assay" was inadvertently placed in the wrong area. The language should reflect the bullet "number of units per dose". Please see page 1 of the revised attached notice. Sorry for any inconvenience that may have occurred.

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