MARYLAND MEDICAID PHARMACY PROGRAM

Clotting Factor Prior Auth Form- Initiation of Clotting Factor Therapy (CFT)

Phone: 410-767-1455 or 1-800-492-5231-Option 3 **Fax form to: 410-333-5398**

A copy of Patient Medical History Summary must accompany this request. Incomplete forms will be returned.

Section I. Patient Information

1. Recipient:_____ MA # : _____(11-digit #)
2. Address: _____Tel.#: (_____) _____ -_____
3. Location where factor will be administered: ____ Home ____ Hospital___ Clinic ___Office

_____

Section II. Initiation of CFT

4. On Medicare? Yes___ No___ List other insurance if any:_____
5. Current Body Weight: _____kg Date of Birth:_____/_____/_____
6. Diagnosis: Hemophilia A____; Hemophilia B_____; Hemophilia with inhibitors to Factor(s)_____; von Willebrandt ____
7. List degree of severity based on Factor____level:_____iu/ml –Test date:_____/_____/_____(required)
   - ___ Severe (plasma Factor levels <0.01 iu/ml or <1% of normal)
   - ___ Moderate (plasma Factor levels between 0.01-0.05 iu/ml or 1-5% of normal)
   - ___ Mild (plasma Factor levels between 0.05 and 0.4 iu/ml or 5-40% of normal)
8. Results of most recent recovery studies: _____
9. Rx: Antihemophilic Drug:_____
   Type:AHF Factor VIII___Factor IX conc.___Anti-inhibitor Coagulant Complex___Other_____
   Dose range:_____AHF IU/dose based on:_____AHF/kg of BW
   Correction factor desired:_____%; Body Weight:_____lbs or Kg- Date measured:_____/_____/_____
   Prophylaxis standard dosage & dosage frequency (excluding PRN doses): _____
   _____
   PRN dosage for bleed in excess of standard dosage: _____
   ("Ut dict" is not acceptable- Prn orders must specify maximum units per dose and max # of doses per day for unusual bleeds)
   NOTE: To avoid unnecessary drug wastage due to short biological drug expiration, no more than 6 doses per claim may be submitted for on-demand use for recipients with mild degree of hemophilia and infrequent bleeds. Pharmacies must dispense the assays closest to the prescribed dose. Infusion logs are mandatory for monitoring drug utilization and response to therapy and must be submitted to the State with all required documentation.
10. Is dosage regimen prescribed for Immune Tolerance Induction Therapy (ITIT)? Yes_____ No_____
    ITIT Dosage Per Kg of BW: _____
    Anticipated length of ITIT: _____months
    Most recent Factor _____Inhibitor Level:_____Bethesda Units; Date:_____/_____/_____
    Results of most recent recovery studies: _____

NOTE: Initiation of clotting factor therapy (CFT) must be prior-authorized by the Program. Continuation of CFT at the normal FDA-recommended dosing regimen does not require prior-authorization. Initiation and Continuation of Immune Tolerance Induction Therapy (ITIT) at any dosing regimen must be authorized by the Program. Recipient's continuation of

Section III- Drug/Biological is used off-label

Is the drug prescribed for an off-label indication such as Immune Tolerance Induction Therapy (ITIT)? Yes ; No

Is the high dosing regimen within the FDA recommended dosage range? Yes No

Is the extended length of off-label therapy documented in or supported by the official compendia (AHFS DI, Drugdex, or US Pharmacopeia)? Yes No

If dosage or dosage frequency or dosing regimen or length of off-label therapy is not documented in/supported by one of the 3 official compendia, provide rationale for such use:_____

_____

List official compendia references in support for the off-label use: _____

_____

List any prior antihemophillic drugs that have been tried:

Product:_____ Fr:_____to:_____. Did biological drug fail? Yes No

Product:_____ Fr:_____to _____. Did biological drug fail? Yes No

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Section IV- Continuation of Immune Tolerance Induction Therapy (ITIT)

Continuation of antihemophillic therapy at the standard FDA-recommended dosing regimen does not require prior-authorization. However, prior-authorization is required every 6 months for continuation of ITIT at high dosing regimen (= or >50 units per kg every other day). A copy of the patients' updated Clinic notes or progress notes must accompany this request.

Provide any applicable monitoring parameters and lab tests results in support of the long-term use of ITIT:
Pertinent clotting factor level: _____ Test Date:_____/_____/_____
Factor_____Inhibitor levels: _____ Bethesda Unit - Test dates:_____/_____/_____
Factor_____Inhibitor levels: _____ Bethesda Unit - Test dates:_____/_____/_____
Recovery studies test results:
Test:_____Test Date: _____ normal; abnormal; Desired levels:_____
_____
Test:_____Test Date: _____ normal; abnormal; Desired levels: _____
_____
Patient's clinical response to the product has been positive negative
Frequency of bleeds:_____
Is continuation of ITIT for the prescribed extended period of time documented and supported by the official compendia? Yes ___ No____
Provide references from the 3 official compendia to support the length of prescribed ITIT:_____
A copy of all references used in support of extended ITIT must be faxed to the Program and kept as patient records.
Anticipated length of ITIT: _____months; _____ indefinitely
If recipient has been on ITIT for longer than 6 months, provide reasons for keeping recipient on anticipated indefinite ITIT: _____
Patient response to ITIT (comment on the drug's efficacy, adverse effects, or any compliance issues):_____
_____
_____
Action taken:
Continue ITIT for: ___ months - Good outcome & progress.
Number of unusual bleeds encountered in the past 6 months while on ITIT: _____
Discontinue ITIT due to:
___ side-effects/adverse events
___ therapeutic failure or lack of response
___ Other reasons: _____
Decrease ITIT dosing regimen to: _____

I certify that continuation of the prescribed CFT for this recipient is justified in term of the product's long-term safety and efficacy. Supporting documentation is available for State audit.

_____, M.D. Prescriber's name: _____
(Prescriber's signature). Date: _____/_____/_____
Tel# (_____) – _____ - _____ Fax# (_____) - _____ - _____
License #: _____DEA #:_____ Specialty : _____
Address:_____
MSWord\Antihemophilic Factor Prior Auth Form Nov 2011