FAX Completed Form To
1.833.404.2392
Prescriber Help Desk
1.833.587.2012
Online
covermymeds.com/main/prior-authorization-forms/

Request for Prior Authorization
REPOSITORY CORTICOTROPIN INJECTION (H.P. ACTHAR GEL)

(PLEASE PRINT – ACCURACY IS IMPORTANT)

IA Medicaid Member ID #	Patient name	DOB
Patient address		
Provider NPI	Prescriber name	Phone
Prescriber address		Fax
Pharmacy name	Address	Phone
Prescriber must complete all information above. It must be legible, correct, and complete or form will be returned.		
Pharmacy NPI	Pharmacy fax	NDC

Prior authorization is required for repository corticotropin injection. Payment will be considered under the following conditions: 1) Patient is under two years of age, and 2) Patient has a diagnosis of infantile spasms.

Treatment of compendia indicated steroid-responsive conditions will only be considered upon documented contraindications or intolerance to corticosteroids not expected to occur with the use of repository corticotropin injection.

If criteria for coverage are met, authorization will be provided for up to 30 days of treatment for all indications.

Non-Preferred

☐ Acthar HP ☐ Cortrophin Inj Gel

Dosage instructions_____ Quantity _____Days supply _____

Patient's current height and weight: height: _____ weight: _____

Diagnosis: _____

Contraindication or intolerance to corticosteroids (for diagnosis other than infantile spasms):

Trial drug name & dose: _____ Trial dates: _____

Reason for failure: _____
Possible drug interactions/conflicting drug therapies: _____
Attach lab results and other documentation as necessary.

Prescriber signature (Must match prescriber listed above.)	Date of submission

IMPORTANT NOTE: *In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.*