



1.833.404.2392 Pharmacy Help Desk 1.800.460.8988

FAX Completed Form To

Prescriber Help Desk 1.833.587.2012

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.		
☐ Acthar HP		
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.

1 of 1 Rev. 4/19