



**H.P. Acthar**  
**H.P. Acthar (corticotropin, repository) J0801**  
**Prior Authorization Request**  
**Medicare Part B Form**

Instructions: \* Indicates required information – Form may be returned if required information is not provided. Please fax this request to the appropriate fax number listed at the bottom of the page.

<input type="checkbox"/>	<b>Standard Request– (72 Hours)</b>	<input type="checkbox"/>	<b>Urgent Request</b> (standard time frame could place the member's life, health or ability in serious jeopardy)
Date Requested _____			
Requestor _____ Clinic name: _____ Phone _____ / Fax _____			

**MEMBER INFORMATION**

\*Name: \_\_\_\_\_ \*ID#: \_\_\_\_\_ \*DOB: \_\_\_\_\_

**PRESCRIBER INFORMATION**

\*Name: \_\_\_\_\_  MD  FNP  DO  NP  PA \*Phone: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*Fax: \_\_\_\_\_

**DISPENSING PROVIDER / ADMINISTRATION INFORMATION**

\*Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**PROCEDURE / PRODUCT INFORMATION**

HCPC Code	Name of Drug	Dose (Wt: _____ kg Ht: _____ )	Frequency	End Date if known

Self-administered       Provider-administered       Home Infusion

Chart notes attached. **Other important information:** \_\_\_\_\_

**Diagnosis: ICD10:** \_\_\_\_\_ **Description:** \_\_\_\_\_

Provider attests the diagnosis provided is an FDA-Approved indication for this drug

**CLINICAL INFORMATION**

**New Start or Initial Request: (Clinical documentation required for all requests)**

**Infantile Spasms**

- Patient is infant or child under 2 years of age AND
- Confirmed diagnosis of infantile spasms (West syndrome) via EEG (hypsarrhythmia or variant) AND
- Prescribed by or in consultation with pediatric neurologist

**Multiple Sclerosis (MS) – Acute Exacerbations**

- Patient has confirmed diagnosis of relapsing or progressive MS AND
- Patient is experiencing acute exacerbation AND
- Patient has inadequate response, intolerance, or contraindication to high-dose corticosteroids AND
- Treatment course limited to short-term duration (typically up to 5 days) AND
- Prescribed by or in consultation with neurologist

**Nephrotic Syndrome (Idiopathic)**

- Patient has confirmed diagnosis of idiopathic nephrotic syndrome (e.g., minimal change disease, FSGS, membranous nephropathy) AND
- Patient has proteinuria (typically >3.5g/24h) AND
- Patient has inadequate response, intolerance, or contraindication to corticosteroids AND
- Prescribed by or in consultation with nephrologist

**Rheumatologic Disorders (Dermatomyositis/Polymyositis, Rheumatoid Arthritis, Lupus)**

- Patient has confirmed diagnosis of active rheumatologic condition AND
- Patient has failed, intolerant, or has contraindication to conventional disease-modifying therapies AND
- Prescribed by or in consultation with rheumatologist

**Ophthalmic Conditions (Uveitis, Keratitis, Iritis)**

- Patient has confirmed diagnosis of severe inflammatory eye condition AND
- Patient has failed, intolerant, or has contraindication to topical corticosteroids AND
- Prescribed by or in consultation with ophthalmologist

If not, please provide **clinical rationale** for formulary exception: \_\_\_\_\_  
\_\_\_\_\_

**Continuation Requests: (Clinical documentation required for all requests)**

- Patient had an **adequate response** or **significant improvement** while on this medication.
- Medical record documentation of positive response is included

If not, please provide clinical rationale for continuing this medication: \_\_\_\_\_  
\_\_\_\_\_

**ACKNOWLEDGEMENT**

**Request By (Signature Required):** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Any person who knowingly files a request for authorization of coverage of a medical procedure or service with the intent to injure, defraud or deceive any insurance company by providing materially false information or conceals material information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **THIS AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT.** PAYMENT IS BASED ON BENEFITS IN EFFECT AT THE TIME OF SERVICE, MEMBER ELIGIBILITY AND MEDICAL NECESSITY.

