

Ticket #: _____ Request Date: _____ Request Time: _____

H.P. Acthar Gel® Prior Authorization Request Form (Page 1 of 3)

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Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)		
Medication Name:	Strength:	Dosage Form:
<input type="checkbox"/> Check if requesting brand	Directions for Use:	
<input type="checkbox"/> Check if request is for continuation of therapy		

Clinical Information (required)
<p>Select the diagnosis below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Allergic states: Serum sickness <input type="checkbox"/> Collagen diseases: Systemic lupus erythematosus, systemic dermatomyositis (polymyositis) <input type="checkbox"/> Dermatologic diseases: Severe erythema multiforme, Stevens-Johnsons syndrome <input type="checkbox"/> Edematous state: Proteinuria <input type="checkbox"/> Infantile spasms (West Syndrome) <input type="checkbox"/> Multiple sclerosis <input type="checkbox"/> Ophthalmic diseases: Keratitis, iritis, iridocyclitis, diffuse posterior uveitis and choroiditis, optic neuritis, chorioretinitis, anterior segment inflammation <input type="checkbox"/> Opsoclonus-myooclonus syndrome <input type="checkbox"/> Respiratory diseases: Sarcoidosis <input type="checkbox"/> Rheumatic disorders: Psoriatic arthritis, rheumatoid arthritis, juvenile rheumatoid arthritis, ankylosing spondylitis <input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____

<p>Prescriber's Specialty:</p> <p>Select if H.P. Acthar is prescribed by or in consultation with one of the following specialists:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Allergist <input type="checkbox"/> Dermatologist <input type="checkbox"/> Immunologist <input type="checkbox"/> Nephrologist <input type="checkbox"/> Neurologist <input type="checkbox"/> Optometrist or ophthalmologist <input type="checkbox"/> Pulmonologist <input type="checkbox"/> Rheumatologist
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<p>For multiple sclerosis, answer the following:</p> <p>Is H.P. Acthar being used for an acute exacerbation of multiple sclerosis? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the patient have history of failure, contraindication, or intolerance to treatment with two corticosteroids (e.g., prednisone, methylprednisolone)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Please note that this form is to be completed by the prescribing physician. This document and others, if attached, contain information that is privileged, confidential and/or may contain protected health information (PHI). The Provider named above is required to safeguard PHI by applicable law. This form and its contents are permissible under HIPAA as the protected health information (PHI) contained in this letter is only being used for purposes related to the provision of treatment, payment and healthcare operations (TPO). Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. If you are not the intended recipient, please notify the sender immediately.
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For other FDA-approved indications, answer the following:

Is treatment with the requested condition supported by two articles from major peer reviewed medical journals that present data from randomized controlled trials supporting the proposed use or uses as generally safe and effective unless there is clear and convincing contradictory evidence present in a major peer-reviewed medical journal? Yes No

Does the patient have history of failure, contraindication, or intolerance to two corticosteroids (e.g., prednisone, methylprednisolone), each given for a trial of at least two weeks? Yes No

For rheumatic disorders, also answer the following:

Select if the patient has one of the following diagnoses:

- Psoriatic arthritis
- Rheumatoid arthritis
- Juvenile rheumatoid arthritis (selected cases may require low-dose maintenance therapy)
- Ankylosing spondylitis

Will H.P. Acthar be used as adjunctive therapy for short-term administration (to tide the patient over an acute episode or exacerbation)? Yes No

For collagen diseases, also answer the following:

Select if the patient has one of the following diagnoses:

- Systemic lupus erythematosus
- Systemic dermatomyositis (polymyositis)

Will H.P. Acthar be used during an exacerbation or as maintenance therapy? Yes No

For dermatologic diseases, also answer the following:

Select if the patient has one of the following diagnoses:

- Severe erythema multiforme
- Stevens-Johnsons syndrome

For allergic states, also answer the following:

Does the patient have serum sickness? Yes No

For ophthalmic disease, also answer the following:

Select if the patient has one of the following diagnoses:

- Keratitis
- Iritis
- Iridocyclitis
- Diffuse posterior uveitis or choroiditis
- Optic neuritis
- Chorioretinitis
- Anterior segment inflammation

Will H.P. Acthar be used for severe acute and chronic allergic and inflammatory processes involving the eye and its adnexa? Yes No

For respiratory diseases, also answer the following:

Does the patient have symptomatic sarcoidosis? Yes No

For edematous state, also answer the following:

Select if the patient has one of the following diagnoses:

- Proteinuria in nephrotic syndrome without uremia of the idiopathic type
- Proteinuria due to lupus erythematosus

Will H.P. Acthar be used to induce a diuresis or a remission? Yes No

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

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Authorized Medical Signature:	
Telephone:	Date:

When Completed Return To:

ProCare PBM Clinical Division, 1267 Professional Parkway, Gainesville, GA 30507
1-866-965-Drug (3784) / Fax # 866-999-7736

Please note: This request may be denied unless all required information is received.