



H.P. ACTHAR GEL PA SUMMARY

STATUS: Preferred

LENGTH OF AUTHORIZATION: Varies

NOTE: H.P. Acthar Gel does not require a PA for members under age 2.

If medication is being administered in a physician's office, then it must be billed through the DCH physician's injectable program and not the outpatient pharmacy program. Information regarding the physician's injectable program can be located at www.mmis.georgia.gov

PA CRITERIA:

- ❖ Approvable for infantile spasms (West Syndrome) for members less than 2 years of age

OR

- ❖ Approvable for acute exacerbations of Multiple Sclerosis (MS) if the member is unresponsive or intolerant to IV methylprednisolone or if the member does not have IV access; In addition, members with relapsing-remitting MS must be currently receiving an immunomodulator agent to treat MS.

OR

- ❖ Approvable for autoimmune, allergic, or inflammatory disorders or disease states if the member is unresponsive or intolerant to high-dose oral or IV glucocorticoid therapy.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on "prior approval process".

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.