

## 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.

**PA CRITERIA:**

- ❖ Medication must be administered in member's home by home health or in a long-term care facility

*AND*

- ❖ Medication is approvable for infantile spasms for members less than 2 years of age

*OR*

- ❖ Medication is 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

*OR*

- ❖ Medication is approvable for autoimmune, allergic, or inflammatory disorders or disease states if the member is unresponsive or intolerant to oral and 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 **SXC Health Solutions at 1-866-525-5827**.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please go to [www.mmis.georgia.gov/portal](http://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](http://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.