



**Medicare Part D – 2016**

**Prior Authorization Group Description**

ACTHAR HP

**Covered Uses:**

All FDA-approved indications not otherwise excluded from Part D.

**Exclusion Criteria:**

**Required Medical Information:**

**Age Restrictions:**

**Prescriber Restrictions:**

**Coverage Duration:**

Until the end of the benefit year

**Other Criteria:**

Multiple sclerosis, rheumatic disorders, collagen diseases, dermatologic diseases, allergic states, ophthalmic diseases, respiratory diseases, edematous state: Failure or clinically significant adverse effects to corticosteroid therapy.