Prior Authorization Approval Criteria
H.P. Acthar gel(corticotropin)

Generic name: corticotropin
Brand name: Acthar
Medication class: Adrenocorticotropic hormone
FDA-approved uses: Monotherapy for infantile spasms in children under 2 years of age
Treatment of acute exacerbations of multiple sclerosis in adults

Criteria for use (bullet points below are all inclusive unless otherwise noted):

- Must be administered by intramuscular (IM) or subcutaneous (SQ) injection
- Cannot be administered in infants with suspected congenital infections or to patients with scleroderma, osteoporosis, systemic fungal infections, ocular herpes simplex, recent surgery, history of or the presence of a peptic ulcer, congestive heart failure, uncontrolled hypertension, primary adrenocortical insufficiency, adrenocortical hyperfunction or sensitivity to proteins of porcine origin.
- Cannot be administered with live or live attenuated vaccines
- Clinically diagnosed with infantile spasms (West syndrome) in children under 2 years of age and used as monotherapy
  OR
- Treatment of acute exacerbations of multiple sclerosis:
  - Must be unable to tolerate high doses of glucocorticoids or have poor venous access
  - Must be over 18 years of age
  - Must be prescribed by a neurologist or physician that specializes in the treatment of multiple sclerosis.

Approval Duration:
- Infantile spasm – 4 weeks
- MS – 3 weeks

Adopted: 12/9/15
Effective: 12/9/15
Reviewed: 6/14/17- Updated criteria for use, continuation of therapy & FDA indications, adjusted approval duration

The criteria listed above applies to Fallon Health Plan and its subsidiaries.