

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

## H.P. Acthar Gel (repository corticotropin injection)

Override(s)	Approval Duration
Prior Authorization	3 months

Medications
H.P. Acthar Gel (repository corticotropin injection)

### APPROVAL CRITERIA

Requests for H.P. Acthar Gel (repository corticotropin injection) may be approved if the following criteria are met:

- I. Individual is an infant or child less than 2 years of age and is using as monotherapy for the treatment of infantile spasms (West syndrome).

H.P. Acthar Gel (repository corticotropin injection) may not be approved when the above criteria are not met and for all other indications.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

### Key References:

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2. Baram TZ, Mitchell WG, Tournay A, et al. High-dose corticotropin (ACTH) versus prednisone for infantile spasms: a prospective, randomized, blinded study. Pediatrics. 1996; 97(3):375-379.

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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Applicable	X	X	X	X	X	X	X

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15. Miller H, Newell DJ, Ridley A. Multiple sclerosis. Treatment of acute exacerbations with corticotrophin (A.C.T.H.). *Lancet*. 1961; 2(7212):1120-1122.
16. Olek MJ, Howard J. Treatment of acute exacerbations of multiple sclerosis in adults. Last updated: October 9, 2018. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. Accessed: August 14, 2019.
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