

**Texas Prior Authorization Program
Clinical Edit Criteria**

Drug/Drug Class**H.P. Acthar****Clinical Edit Information Included in this Document****H.P. Acthar**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes)
- **References:** clinical publications and sources relevant to this clinical edit

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

- N/A, initial publication



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Drugs Requiring Prior Authorization

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Label Name	GCN
ACTHAR H.P. GEL 80U/ML VIAL	26016

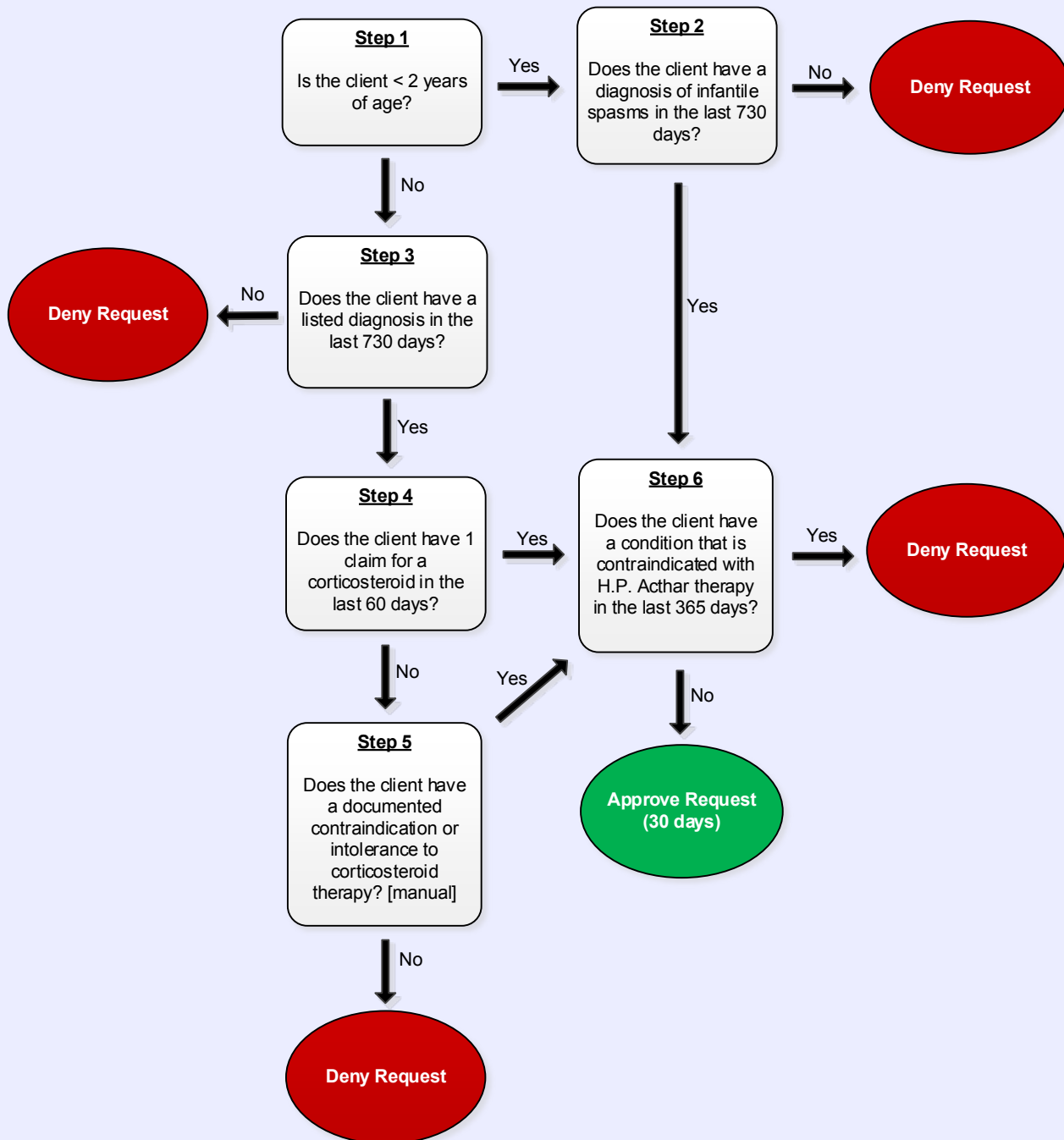
**H.P. Acthar****Clinical Edit Criteria Logic**

1. Is the client < 2 years of age?
 Yes – Go to #2
 No – Go to #3
2. Does the client have a diagnosis of infantile spasms in the last 730 days?
 Yes – Go to #6
 No – Deny
3. Does the client have a diagnosis of multiple sclerosis, psoriatic arthritis, rheumatoid arthritis, juvenile rheumatoid arthritis, ankylosing spondylitis, systemic lupus erythematosus, systemic dermatomyositis, severe erythema multiforme, Stevens-Johnson Syndrome, serum sickness, keratitis, iritis, iridocyclitis, diffuse posterior uveitis and choroiditis, optic neuritis, chorioretinitis, anterior segment inflammation or sarcoidosis in the last 730 days ?
 Yes – Go to #4
 No – Deny
4. Does the client have 1 claim for a corticosteroid in the last 60 days?
 Yes – Go to #6
 No – Go to #5
5. Does the client have a documented contraindication or intolerance to corticosteroid therapy? [manual]
 Yes – Go to #6
 No – Deny
6. Does the client have a diagnosis of scleroderma, osteoporosis, systemic fungal infection, ocular herpes simplex, peptic ulcer and/or heart failure in the last 365 days?
 Yes – Deny
 No – Approve (30 days)



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Clinical Edit Criteria Logic Diagram





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Clinical Edit Criteria Supporting Tables

Step 2 (diagnosis of infantile spasms)	
Required quantity: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
345.6	INFANTILE SPASMS
345.60	INFANTILE SPASMS, WITHOUT MENTION OF INTRACTABLE EPILEPSY
345.61	INFANTILE SPASMS, WITH INTRACTABLE EPILEPSY
ICD-10 Code	Description
G40.82	EPILEPTIC SPASMS
G40.821	EPILEPTIC SPASMS, NOT INTRACTABLE, WITH STATUS EPILEPTICUS
G40.822	EPILEPTIC SPASMS, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS

Step 3 (history of indicated diagnosis)	
Required quantity: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
340	MULTIPLE SCLEROSIS
696.0	PSORIATIC ARTHROPATHY
714.0	RHEUMATOID ARTHRITIS
714.3	JUVENILE CHRONIC POLYARTHRITIS
720.0	ANKYLOSING SPONDYLITIS
710.0	SYSTEMIC LUPUS ERYTHEMATOSUS
710.3	DERMATOMYOSITIS
695.1	ERYTHEMA MULTIFORME
395.13	STEVENS-JOHNSON SYNDROME
395.14	STEVENS-JOHNSON SYNDROME-TOXIC EPIDERMAL NECROLYSIS OVERLAP SYNDROME
999.5	OTHER SERUM REACTION NOT ELSEWHERE CLASSIFIED
370	KERATITIS
364.0	ACUTE AND SUBACUTE IRIDOCYCLITIS
364.1	CHRONIC IRIDOCYCLITIS
364.2	CERTAIN TYPES OF IRIDOCYCLITIS

Step 3 (history of indicated diagnosis)	
Required quantity: 1	
Look back timeframe: 730 days	
364.3	UNSPECIFIED IRIDOCYCLITIS
377.3	OPTIC NEURITIS
363.20	CHORIORETINITIS, UNSPECIFIED
135	SARCOIDOSIS
ICD-10	Description
G35	MULTIPLE SCLEROSIS
L40.5	ARTHROPATHIC PSORIASIS
M06.8	OTHER SPECIFIED RHEUMATOID ARTHRITIS
M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED
M08.0	UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS
M08.2	JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET
M08.3	JUVENILE RHEUMATOID POLYARTHRITIS (SERONEGATIVE)
M08.4	PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS
M45	ANKYLOSING SPONDYLITIS
M45.0	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE
M45.1	ANKYLOSING SPONDYLITIS OF OCCIPITO-ATLANTO-AXIAL REGION
M45.2	ANKYLOSING SPONDYLITIS OF CERVICAL REGION
M45.3	ANKYLOSING SPONDYLITIS OF CERVICOTHORACIC REGION
M45.4	ANKYLOSING SPONDYLITIS OF THORACIC REGION
M45.5	ANKYLOSING SPONDYLITIS OF THORACOLUMBAR REGION
M45.6	ANKYLOSING SPONDYLITIS LUMBAR REGION
M45.7	ANKYLOSING SPONDYLITIS OF LUMBOSACRAL REGION
M45.8	ANKYLOSING SPONDYLITIS SACRAL AND SACROCCOCCYGEAL REGION
M45.9	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE
M32	SYSTEMIC LUPUS ERYTHEMATOSUS
M32.1	SYSTEMIC LUPUS ERYTHEMATOSUS WITH ORGAN OR SYSTEM INVOLVEMENT
M32.8	OTHER FORMS OF SYSTEMIC LUPUS ERYTHEMATOSIS
M32.9	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED
M33	DERMATOPOLYMYOSITIS
M33.0	JUVENILE DERMATOPOLYMYOSITIS
M33.1	OTHER DERMATOPOLYMYOSITIS
M33.2	POLYMYOSITIS
M33.9	DERMATOPOLYMYOSITIS, UNSPECIFIED
L51	ERYTHEMA MULTIFORME
L51.0	NONBULLOUS ERYTHEMA MULTIFORME
L51.1	STEVENS-JOHNSON SYNDROME
L51.2	TOXIC EPIDERMAL NECROLYSIS (LYELL)

Step 3 (history of indicated diagnosis)	
Required quantity: 1	
Look back timeframe: 730 days	
L51.3	STEVENS-JOHNSON SYNDROME – TOXIC EPIDERMAL NECROLYSIS OVERLAP SYNDROME
L51.8	OTHER ERYTHEMA MULTIFORME
L51.9	ERYTHEMA MULTIFORME, UNSPECIFIED
T80.6	OTHER SERUM REACTIONS
H16	KERATITIS
H20	IRIDOCYCLITIS
H46	OPTIC NEURITIS
H46.0	OPTIC PAPILLITIS
H46.1	RETROBULBAR NEURITIS
H46.2	NUTRITIONAL OPTIC NEUROPATHY
H46.3	TOXIC OPTIC NEUROPATHY
H46.8	OTHER OPTIC NEURITIS
H46.9	UNSPECIFIED OPTIC NEURITIS
H30	CHORIORETINAL INFLAMMATION
D86	SARCOIDOSIS

Step 4 (history of corticosteroid therapy)	
Required quantity: 1	
Look back timeframe: 60 days	
GCN	Label Name
27241	DEXAMETHASONE 0.25 MG TABLET
27422	DEXAMETHASONE 0.5 MG TABLET
27400	DEXAMETHASONE 0.5 MG/5 ML ELX
27411	DEXAMETHASONE 0.5 MG/5 ML LIQ
27425	DEXAMETHASONE 0.75 MG TABLET
41691	DEXAMETHASONE 0.75 MG TABLET
27424	DEXAMETHASONE 1 MG TABLET
27427	DEXAMETHASONE 1.5 MG TABLET
27426	DEXAMETHASONE 2 MG TABLET
27428	DEXAMETHASONE 4 MG TABLET
27429	DEXAMETHASONE 6 MG TABLET
26783	HYDROCORTISONE 5 MG TABLET
26781	HYDROCORTISONE 10 MG TABLET
26782	HYDROCORTISONE 20 MG TABLET
27056	METHYLPREDNISOLONE 4 MG TABLET

Step 4 (history of corticosteroid therapy)	
Required quantity: 1	
Look back timeframe: 60 days	
GCN	Label Name
27058	METHYLPREDNISOLONE 8 MG TABLET
27051	METHYLPREDNISOLONE 16 MG TABLET
27055	METHYLPREDNISOLONE 32 MG TABLET
37499	METHYLPREDNISOLONE 4 MG DOSEPACK
27171	PREDNISONE 1 MG TABLET
38364	PREDNISONE 10 MG TAB DOSE PACK
27172	PREDNISONE 10 MG TABLET
27173	PREDNISONE 2.5 MG TABLET
27174	PREDNISONE 20 MG TABLET
38363	PREDNISONE 5 MG TABLET
27176	PREDNISONE 5 MG TABLET
27160	PREDNISONE 5 MG/5 ML SOLUTION
27177	PREDNISONE 50 MG TABLET

Step 6 (history of congenital infection)	
Required quantity: 1	
Look back timeframe: 60 days	
ICD-9 Code	Description
771.1	CONGENITAL CYTOMEGALOVIRUS INFECTION
771.0	CONGENITAL RUBELLA
771	OTHER CONGENITAL INFECTIONS SPECIFIC TO THE PERINATAL PERIOD
090	CONGENITAL SYPHILIS
ICD-10 Code	Description
P35	CONGENITAL VIRAL DISEASES
P35.0	CONGENITAL RUBELLA SYNDROME
P35.1	CONGENITAL CYTOMEGALOVIRUS INFECTION
P35.2	CONGENITAL HERPESVIRAL [HERPES SIMPLEX] INFECTION
P35.3	CONGENITAL VIRAL HEPATITIS
P35.8	OTHER CONGENITAL VIRAL DISEASES
P35.9	CONGENITAL VIRAL DISEASE, UNSPECIFIED
P37.1	CONGENITAL TOXOPLASMOSIS
A50	CONGENITAL SYPHILIS



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Clinical Edit Criteria Supporting Tables

Step 7 (diagnosis of scleroderma, osteoporosis, systemic fungal infection, ocular herpes simplex, peptic ulcer and/or heart failure) Required quantity: 1 Look back timeframe: 365 days	
ICD-9 Code	Description
701.0	CIRCUMSCRIBED SCLERODERMA
733.0	OSTEOPOROSIS
114	COCCIDIOIDOMYCOSIS
115	HISTOPLASMOSIS
116	BLASTOMYCOTIC INFECTION
117	OTHER MYCOSES
054.4	HERPES SIMPLEX WITH OPHTHALMIC COMPLICATIONS
533	PEPTIC ULCER SITE UNSPECIFIED
533.0	ACUTE PEPTIC ULCER OF UNSPECIFIED SITE WITH HEMORRHAGE
533.1	ACUTE PEPTIC ULCER OF UNSPECIFIED SITE WITH PERFORATION
533.2	ACUTE PEPTIC ULCER OF UNSPECIFIED SITE WITH HEMORRHAGE AND PERFORATION
533.3	ACUTE PEPTIC ULCER OF UNSPECIFIED SITE WITHOUT MENTION OF HEMORRHAGE AND PERFORATION
533.4	CHRONIC OR UNSPECIFIED PEPTIC ULCER OF UNSPECIFIED SITE WITH HEMORRHAGE
533.5	CHRONIC OR UNSPECIFIED PEPTIC ULCER OF UNSPECIFIED SITE WITH PERFORATION
533.6	CHRONIC OR UNSPECIFIED PEPTIC ULCER OF UNSPECIFIED SITE WITH HEMORRHAGE AND PERFORATION
533.7	CHRONIC PEPTIC ULCER OF UNSPECIFIED SITE WITHOUT MENTION OF HEMORRHAGE OR PERFORATION
533.9	PEPTIC ULCER OF UNSPECIFIED SITE UNSPECIFIED AS ACUTE OR CHRONIC WITHOUT MENTION OF HEMORRHAGE OR PERFORATION
428	HEART FAILURE
428.0	LEFT HEART FAILURE
428.1	LEFT HEART FAILURE
428.2	SYSTOLIC HEART FAILURE
428.20	SYSTOLIC HEART FAILURE, UNSPECIFIED
428.21	ACUTE SYSTOLIC HEART FAILURE
428.22	CHRONIC SYSTOLIC HEART FAILURE
428.23	ACUTE ON CHRONIC SYSTOLIC HEART FAILURE

Step 7 (diagnosis of scleroderma, osteoporosis, systemic fungal infection, ocular herpes simplex, peptic ulcer and/or heart failure)	
Required quantity: 1	
Look back timeframe: 365 days	
428.3	DIASTOLIC HEART FAILURE
428.30	DIASTOLIC HEART FAILURE, UNSPECIFIED
428.31	ACUTE DIASTOLIC HEART FAILURE
428.32	CHRONIC DIASTOLIC HEART FAILURE
428.33	ACUTE ON CHRONIC DIASTOLIC HEART FAILURE
428.4	COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
428.40	COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE, UNSPECIFIED
428.41	ACUTE COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
428.42	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
428.43	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
428.9	HEART FAILURE, UNSPECIFIED
ICD-10 Code	Description
L94.0	LOCALIZED SCLERODERMA [MORPHEA]
L94.1	LINEAR SCLERODERMA
M80	OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE
M81	OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE
B38	COCCIDIOIDOMYCOSIS
B39	HISTOPLASMOSIS
B40	BLASTOMYCOSIS
B41	PARACOCCIDIOIDOMYCOSIS
B42	SPOROTRICHOSIS
B44	ASPERGILLOSIS
B45	CRYPTOCOCCOSIS
B46	ZYGOMYCOSIS
B48	OTHER MYCOSES, NOT ELSEWHERE CLASSIFIED
B49	UNSPECIFIED MYCOSES
B00.5	HEREPESVIRAL OCULAR DISEASE
K27	PEPTIC ULCER, SITE UNSPECIFIED
K27.0	ACUTE PEPTIC ULCER, SITE UNSPECIFIED, WITH HEMORRHAGE
K27.1	ACUTE PEPTIC ULCER, SITE UNSPECIFIED, WITH PERFORATION
K27.2	ACUTE PEPTIC ULCER, SITE UNSPECIFIED, WITH BOTH HEMORRHAGE AND PERFORATION
K27.3	ACUTE PEPTIC ULCER, SITE UNSPECIFIED, WITHOUT HEMORRHAGE OR PERFORATION
K27.4	CHRONIC OR UNSPECIFIED PEPTIC ULCER, SITE UNSPECIFIED, WITH HEMORRHAGE

Step 7 (diagnosis of scleroderma, osteoporosis, systemic fungal infection, ocular herpes simplex, peptic ulcer and/or heart failure)	
Required quantity: 1	
Look back timeframe: 365 days	
K27.5	CHRONIC OR UNSPECIFIED PEPTIC ULCER, SITE UNSPECIFIED, WITH PERFORATION
K27.6	CHRONIC OR UNSPECIFIED PEPTIC ULCER, SITE UNSPECIFIED, WITH BOTH HEMORRHAGE AND PERFORATION
K27.7	CHRONIC OR UNSPECIFIED PEPTIC ULCER, SITE UNSPECIFIED, WITHOUT HEMORRHAGE OR PERFORATION
K27.9	PEPTIC ULCER, SITE UNSPECIFIED, UNSPECIFIED AS ACUTE OR CHRONIC, WITHOUT HEMORRHAGE OR PERFORATION
I50	HEART FAILURE
I50.1	LEFT VENTRICULAR FAILURE
I50.2	SYSTOLIC (CONGESTIVE) HEART FAILURE
I50.20	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE
I50.21	ACUTE SYSTOLIC (CONGESTIVE) HEART FAILURE
I50.22	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE
I50.23	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE
I50.3	DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.30	UNSPECIFIED DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.31	ACUTE DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.32	CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.33	ACUTE ON CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.4	COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.40	UNSPECIFIED COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.41	ACUTE COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.42	CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.43	ACUTE ON CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.9	HEART FAILURE, UNSPECIFIED

**H.P. Acthar****Clinical Edit Criteria References**

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3. 2014 ICD-9-CM Diagnosis Codes, Volume 1. 2013. Available at <http://www.icd9data.com/>. Accessed on July 3, 2014.
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**H.P. Acthar****Publication History****Publication History**

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes