

## PHARMACY POLICY STATEMENT

### Ohio Medicaid

DRUG NAME	Acthar Gel (repository corticotropin injection)
BILLING CODE	J0800
BENEFIT TYPE	Medical
STATUS	Prior Authorization Required

Acthar Gel is a corticotropin initially approved by the FDA in 1952. It is indicated as m6 (i) (s)8.9 ( I (iB-0 0 15.5 Gel and endogenous ACTH stimulate the adrenal cortex to secrete e, and a number of weakly androgenic substances. Prolonged ar Gel induces hyperplasia and hypertrophy of the adrenal cortex and icosterone and weak androgens. The release of endogenous ACTH is stem via the regulatory hormone released from the hypothalamus and k mechanism. Elevated plasma cortisol suppresses ACTH release. melanocortin receptors. The trophic effects of endogenous ACTH and ot well understood beyond the fact that they appear to be mediated by epository corticotropin injection was not superior to corticosteroids for

Acthar Gel (repository corticotropin injection) will be considered for coverage when the following criteria are met:

#### Infantile Spasms (West syndrome, X -linked infantile spasms syndrome)

For initial authorization:

- 1.

For reauthorization :

1. Member must be under 2 years of age; AND
2. Chart notes demonstrate clinical benefit from the initial use of medication (e.g., suppression of spasm symptoms); AND
3. Member experienced a relapse in spasm symptoms after Acthar was discontinued.

If all the above requirements are met , the medication will be approved for an additional      month .

## Multiple Sclerosis

For initial authorization:

