# PHARMACY POLICY STATEMENT
## Ohio Medicaid

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|---|---|
| DRUG NAME | Cortrophin Gel (corticotropin) |
| BILLING CODE | J0800 or must use valid NDC |
| BENEFIT TYPE | Medical or Pharmacy |
| STATUS | Prior Authorization Required |

CareSource considers Cortrophin Gel (corticotropin) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off -Label policy.

| DATE | ACTION/DESCRIPTION |
|---|---|
| 07/22/2022 | New policy for Cortrophin Gel created. |
| 03/14/2023 | Updated references. Added requirement for current use of disease modifying therapy. Clarified background information. |

References:


1. Cortrophin Gel [package insert]. Baudette, MN: ANI Pharmaceuticals, Inc; November 2021.
2. Tran KA, Harrod C, Bourdette DN, Cohen DM, Deodhar AA, Hartung DM. Characterization of the Clinical Evidence SdeJ ET Q q 4cq 4cq 4o Cha8(J ET Q q 4cq 4 n22.13i)6a8(J ET Q 46(M)-12(, 0.00000)-29(h9-29(