

## Acthar® Gel (repository corticotropin injection)

When requesting Acthar® Gel (repository corticotropin injection), the individual requiring treatment must be diagnosed with infantile spasms and meet the specific coverage guidelines and applicable safety criteria for the covered indication.

### FDA-Approved Indication

Acthar® Gel (repository corticotropin injection) is indicated as monotherapy for the treatment of infantile spasms (West syndrome) in infants and children under 2 years of age.

*(Note: All the other FDA-Approved indications will be reviewed by medical directors)*

### Coverage Guidelines

#### Infantile Spasms

The individual must meet **BOTH** of the following criteria for approval:

- Is less than 2 years of age
- Acthar is prescribed by or in consultation with a neurologist

**Approval duration: 1 month**

### Dosing Recommendation

The recommended dose is 150 U/m<sup>2</sup> administered intramuscularly divided into twice daily of 75 U/m<sup>2</sup>. After 2 weeks of treatment, dosing should be gradually tapered and discontinued over a 2-week period.

### References

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