

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 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; AND
- Acthar is prescribed by a physician who has consulted with or specializes in neurology.

Approval duration: 1 month

Dosing Recommendation

The recommended dose is 150 U/m² divided into twice daily intramuscular injections of 75 U/m². After 2 weeks of treatment, dosing should be gradually tapered and discontinued over a 2-week period.

References

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