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H.P. Acthar Gel® (repository corticotropin) Prior Authorization Program Summary

FDA APPROVED INDICATIONS AND DOSAGE[1]

Agent	FDA Approved Indications	Dosing
H.P. Acthar Gel® (repository corticotropin) intramuscular (IM) or subcutaneous (SQ) injection	Infantile Spasm	**Treatment:** 150 U/m^2 IM in divided doses daily for 14 days **Taper:** 30 U/m^2 in the a.m. for 3 days; 15 U/m^2 in the a.m. for 3 days; 10 U/m^2 in the a.m. for 3 days; and 10 U/m^2 every other a.m. for 6 days
	Acute exacerbation of Multiple Sclerosis	80-120 units IM or SC daily for 2-3 weeks
	Rheumatic Disorders: Adjunctive for short-term administration	
	Psoriatic arthritis	Usual dose is 40-80 units IM or SC every 24-72 hours. Dosing should be individualized. Tapering may be necessary for discontinuation.
	Rheumatoid arthritis	
	Juvenile rheumatoid arthritis	
	Ankylosing spondylitis	
	Collagen Diseases	
	Systemic lupus erythematosus	Usual dose is 40-80 units IM or SC every 24-72 hours. Dosing should be individualized. Tapering may be necessary for discontinuation.
	Systemic dermatomyositis (polymyositis)	
	Dermatologic Diseases	
	Severe erythema multiforme	Usual dose is 40-80 units IM or SC every 24-72 hours. Dosing should be individualized. Tapering may be necessary for discontinuation.
	Steven-Johnson syndrome	
	Allergic States	
	Serum sickness	Usual dose is 40-80 units IM or SC every 24-72 hours. Dosing should be individualized. Tapering may be necessary for discontinuation.
	Ophthalmic Diseases	
	Keratitis	Usual dose is 40-80 units IM or SC every 24-72 hours. Dosing should be
	Iritis	
	Iridocyclitis	

	Diffuse posterior uveitis and choroiditis	individualized. Tapering may be necessary for discontinuation.
	Optic neuritis	
	Chorioretinitis	
	Anterior segment inflammation	
	Respiratory Diseases	
	Symptomatic Sarcoidosis	Usual dose is 40-80 units IM or SC every 24-72 hours. Dosing should be individualized. Tapering may be necessary for discontinuation.
	Edematous State	
	Induce a diuresis or a remission of proteinuria in the nephrotic syndrome without uremia of the idiopathic type or that due to lupus erythematosus.	Usual dose is 40-80 units IM or SC every 24-72 hours. Dosing should be individualized. Tapering may be necessary for discontinuation.

U- units

CLINICAL RATIONALE

Infantile Spasm

Infantile spasm (IS), also referred to as West Syndrome, is a specific seizure that is characterized by clinical flexor or extensor spasms, often involving the extremities and head/neck; developmental regression (intellectual disability); and electroencephalography (EEG) finding of hypsarrhythmia (chaotic brain waves).[2-4] Neurological and/or developmental outcomes in patients with IS are usually poor. Children with symptomatic spasms more frequently exhibit neurological deficits and cognitive and developmental delays, while a higher percentage of patients with idiopathic/cryptogenic IS may have a normal or near-normal outcome if appropriate treatment is initiated in a timely fashion.[3] Goals of therapy for IS includes complete cessation of clinical events and resolution of hypsarrhythmia or modified hypsarrhythmia on video EEG.[3,4]

Guidelines recommend low dose ACTH for the treatment of infantile spasms. Both ACTH and vigabatrin may be useful for short-term treatment but ACTH is preferred over vigabatrin. ACTH or prednisolone may be considered for use in preference to vigabatrin in patients with cryptogenic infantile spasms, to potentially improve development outcomes. There is insufficient evidence that other forms of corticosteroids are as effective in the treatment of infantile spasms as ACTH for short-term treatment. Low dose ACTH is probably as effective as high-dose ACTH therapy.[2] There is growing evidence that suggests prednisolone may be a reasonable initial treatment option and could possibly be equivalent to low-dose ACTH. The side effect profile of prednisolone has been better than that of ACTH and like ACTH, response is typically within 14 days.[3] Although there is growing evidence that steroids are probably as effective in short-term spasms, the optimal preparation, dose and duration have not been established. The effect of ACTH persists when therapy is discontinued, however, optimal duration of treatment is uncertain. A 2010 U.S. consensus statement suggests initiating a taper of ACTH after two weeks of therapy at the maximum dose. No data is available to guide therapy in relapse in patients who responded to an initial treatment course. Typically, a second course (four to six weeks) of the agent was previously effective in obtaining control is administered. In a comparison trial of low-dose ACTH and prednisone in 24 patients, response occurred within two weeks of initiation of therapy in 75 percent of patients who responded. Five patients who responded relapsed within 12 to

33 months with clinical seizures but not hypsarrhythmia; four of these responded to a second course of treatment. Many side effects of hormonal therapy are associated with long-term use.[4]

Safety
Administration with H.P. Acthar Gel is contraindicated for intravenous administration, suspicion of congenital infections in children < 2, in patients with scleroderma, osteoporosis, systemic fungal infections, ocular herpes simplex, recent surgery, history of or the presence of a peptic ulcer, congestive heart failure, uncontrolled hypertension, primary adrenocortical insufficiency or hyperfunction or sensitivity to porcine proteins. Administration of live or live attenuated vaccines is also contraindicated. The adverse events associated with H.P. Acthar Gel are primarily related to its steroidogenic effects.[1]

REFERENCES

1. H.P. Acthar Gel Prescribing Information. Mallinckrodt ARD, Inc. April 2018.
2. Go, CY, Mackay MT, Weiss SK, Weiss SK, et al. Evidence-based guideline update: Medical treatment of infantile spasms: American Academy of Neurology. *Neurology* 2012;78;1974-1980.
3. Nelson, Gary Rex. Management of Infantile Spasms. *Transl Pedatr*. 2015;4(4):260-270.
4. Glade, Daniel, MD, et al. Management and Prognosis of Infantile Spasms. UpToDate. Last updated January 2018. Literature review current through July 2018.

H.P. Acthar Gel (repository corticotropin) Prior Authorization

OBJECTIVE
The intent of the H.P. Acthar Gel (repository corticotropin) Prior Authorization (PA) Criteria is to appropriately select patients for therapy according to FDA approved labeling and/or clinical studies and to verify appropriate FDA labeled dosing for the accepted indications. The PA criteria will direct use to infantile spasms. Criteria require that patients do not have any FDA labeled contraindications to the requested agent. Patient specific documentation is required for review.

TARGET AGENT
H.P. Acthar Gel® (repository corticotropin)

PRIOR AUTHORIZATION CRITERIA FOR APPROVAL
H.P. Acthar Gel will be approved when ALL of the following are met:

1. The patient has a diagnosis of infantile spasms
   AND
2. The patient is less than 24 months of age
   AND
3. The patient does NOT have any FDA labeled contraindications to the requested agent
   AND
4. The requested quantity (dose) is within FDA labeled dosing for the requested indication

Length of Approval: 6 months

Policy published 01-01-2019. Policy effective 01-01-2019.