



Inland Empire Health Plan

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*Drug Prior Authorization Criteria*  
**H.P. Acthar Gel**

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**Line of Business:** Medicaid

**P & T Approval Date:** December 21, 2021

**Effective Date:** January 1, 2022

*This policy has been developed through review of medical literature, consideration of medical necessity, generally accepted medical practice standards, and approved by the IEHP Pharmacy and Therapeutics Subcommittee.*

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**Drugs Requiring Prior Authorization Review:** H.P. Acthar Gel (repository corticotropin injection)

**Formulary Alternative:** None

**CRITERIA:**

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**H.P. ACTHAR GEL (REPOSITORY CORTICOTROPIN INJECTION)**

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**Covered Uses:** \*Infantile Spasms (West Syndrome)  
(\*Subject to review by Clinical Pharmacist)

**Exclusion Criteria:** N/A

**Required Medical Information:** Must meet the following requirement:  
a. Requested dose and duration must be consistent with FDA package labeled recommendation or DrugDex compendia.

**Age Restriction:** Must be less than 24 months old

**Prescriber Restrictions:** Neurologist or Pediatrician

**Other Criteria:** N/A

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**Covered Uses:** \*Multiple Sclerosis with acute exacerbation  
(\*Subject to review by Clinical Pharmacist)

**Exclusion Criteria:** N/A

**Required Medical Information:** Must meet all of the following requirements:

- a. Failure or clinically significant adverse effects to corticosteroid therapy (i.e., prednisone, intravenous methylprednisolone, etc.).
- b. Documentation of concurrent multiple sclerosis agents (i.e., **Avonex**, **Betaseron**, **Glatiramer**, etc.).
- c. Requested dose and duration must be consistent with FDA package labeled recommendation or DrugDex compendia.

**Age Restriction:** Must be 18 years of age or older

**Prescriber Restrictions:** Neurologist

**Other Criteria:** N/A

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Change Control		
Date	Change	RPH
12/13/2021	<ul style="list-style-type: none"><li>Updated P&amp;T Approval Date and Effective Date</li></ul>	JM
11/24/2021	<ul style="list-style-type: none"><li>Addition of age restriction for covered uses "Multiple Sclerosis with acute exacerbation"</li></ul>	NQ
08/08/2021	<ul style="list-style-type: none"><li>Renew with no changes</li></ul>	VM
08/28/2020	<ul style="list-style-type: none"><li>Renew with no changes</li></ul>	RR
02/20/2019	<ul style="list-style-type: none"><li>Changed Format</li></ul>	ND
06/29/2018	<ul style="list-style-type: none"><li>Changed Format</li></ul>	IK
02/21/2018	<ul style="list-style-type: none"><li>Renewed with no new updates/changes.</li></ul>	CT