Medical Policy:
Acthar Gel

Last review date: 6/17/2024

Applicable Products:
Acthar Gel (repository corticotropin injection) corticotropin injection

Initial Approval Criteria:
Coverage may be approved if all of the following are met:

- Must be prescribed by a pediatric neurologist; **AND**
- Must have a diagnosis of infantile spasms confirmed by EEG; **AND**
- Must be under the age of 2 years; **AND**
- Must have no evidence of infection; **AND**
- If applicable: Trial and failure, intolerance, or a contraindication to the preferred products as listed in the medical drug list

Renewal Criteria:
Coverage may be renewed if all of the following are met:

- Patient continues to meet Initial Approval Criteria; **AND**
- Absence of unacceptable toxicity

Length of Authorization:
1 month