H.P. Acthar® Gel (repository corticotropin injection)

Last Review Date: October 24, 2018  Number: MG.MM.PH.09eC

Medical Guideline Disclaimer

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Definition

Repository corticotropin (H.P. Acthar® Gel) is an analogue of adrenocorticotropic hormone (ACTH) analogue indicated as monotherapy for the treatment of infantile spasms (West Syndrome) in infants and children less than 2 years of age. Acthar is supplied as a 5 mL multi-dose vial containing 80 USP Units per mL. H.P. Acthar Gel (repository corticotropin injection).

Related Medical Guideline

Off-Label Use of FDA-Approved Drugs and Biologicals

Guideline

A. H.P. Acthar Gel is considered medically necessary for West syndrome (infantile spasms)

B. H.P. Acthar Gel is considered medically when all of the following criteria are met:

1. Member is an adult (≥ 18 years of age) with a corticosteroid-responsive condition (including but not limited to acute exacerbations of multiple sclerosis)
2. Member has no contraindications to (or is not limited by) a contraindication to, or intolerance of, glucocorticoid effects
3. There is clear documentation of why all other well-established routes for corticosteroid therapy (for example, oral prednisone and intravenous methylprednisolone) cannot be used.

Limitations/Exclusions

Acthar is not considered medically necessary for indications other than those listed above due to insufficient evidence of therapeutic value.
Applicable Procedure Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J0800</td>
<td>Injection, corticotropin, up to 40 units</td>
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</table>

Applicable Diagnosis Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G35</td>
<td>Multiple sclerosis</td>
</tr>
<tr>
<td>G40.821</td>
<td>Epileptic spasms, not intractable, with status epilepticus</td>
</tr>
<tr>
<td>G40.822</td>
<td>Epileptic spasms, not intractable, without status epilepticus</td>
</tr>
<tr>
<td>G40.823</td>
<td>Epileptic spasms, intractable, with status epilepticus</td>
</tr>
<tr>
<td>G40.824</td>
<td>Epileptic spasms, intractable, without status epilepticus</td>
</tr>
</tbody>
</table>

Revision History

8/12/2016: Added coverage for corticosteroid-responsive conditions.
10/9/2015: Restricted coverage to infantile spasms as sole medically necessary indication.
9/11/2015: Removed proteinuria secondary to nephrotic syndrome as a covered indication.

References


