

POLICY: H.P. Acthar® Gel (repository corticotropin injection for intramuscular or subcutaneous use – Mallinckrodt)

EFFECTIVE DATE: 1/1/2021

LAST REVISION DATE: 04/13/2022

COVERAGE CRITERIA FOR: All Aspirus Medicare Plans

OVERVIEW

Acthar, an adrenocorticotrophic hormone (ACTH) analog, is indicated for the following uses:¹

- **Infantile spasms**, treatment of, in infants and children < 2 years of age.
- **Multiple sclerosis, treatment of exacerbations** in adults.

Although data are limited, the prescribing information notes that Acthar may also be used for the following disorders and diseases:¹

- **Allergic states**, such as serum sickness.
- **Collagen diseases**, during an exacerbation or as a maintenance therapy in selected cases of systemic lupus erythematosus and systemic dermatomyositis (polymyositis).
- **Dermatologic diseases**, such as severe erythema multiforme and Stevens-Johnson syndrome.
- **Edematous state** including to induce a diuresis or a remission of proteinuria in the nephrotic syndrome without uremia of the idiopathic type or that due to lupus erythematosus.
- **Respiratory diseases** such as symptomatic sarcoidosis.
- **Rheumatoid disorders**, as an adjunctive therapy for short-term administration (to tide the patient over an acute episode or exacerbation) in psoriatic arthritis, rheumatoid arthritis (including juvenile rheumatoid arthritis) [selected cases may require low-dose maintenance therapy], and ankylosing spondylitis.
- **Ophthalmic diseases** including severe acute and chronic allergic and inflammatory processes involving the eye and its adnexa such as keratitis, iritis, iridocyclitis, diffuse posterior uveitis and choroiditis, optic neuritis, chorioretinitis, and anterior segment inflammation.

Clinical Efficacy

A review regarding repository corticotropin found few randomized controlled trials supporting the clinical benefit of repository corticotropin or ACTH for various conditions (e.g., use in rheumatoid arthritis, ankylosing spondylitis, optic neuritis, systemic lupus erythematosus, and nephrotic syndrome).² Most data suggest that repository corticotropin or ACTH was not superior to corticosteroids for treating relapses in patients with multiple sclerosis.

Guidelines

Several guidelines discuss repository corticotropin or ACTH.

- The **American Academy of Neurology and the Child Neurology Society** published an evidence-based guideline for the medical treatment of infantile spasms (2012).³ ACTH is a first-line agent for the short-term treatment of infantile spasms.
 - **Infantile Spasms Working Group** published a US consensus report on infantile spasms in 2010.⁴ Most patients with this condition (90%) present within the first year of life. ACTH is an effective first-line therapy for infantile spasms.
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- **Kidney Disease Improving Global Outcomes (KDIGO) published clinical practice guidelines for the management of glomerular disease (2021).**⁵ This includes diagnoses such as nephrotic syndrome, membranous nephropathy, immunoglobulin A nephropathy, minimal change disease, infection-related glomerulonephritis, focal segmental glomerulosclerosis, membranoproliferative glomerulonephritis, and lupus nephritis. ACTH is not prominent in the guidelines and there is a lack of quality evidence regarding ACTH.
- **National Multiple Sclerosis Society** has recommendations regarding corticosteroids in the management of multiple sclerosis relapses or exacerbations.⁶ High-dose corticosteroids are the accepted standard of care short-term. The most common regimen is 500 to 1,000 mg of intravenous methylprednisolone given daily for 3 to 5 days, with or without an oral steroid tapering regimen (most often prednisone) for 1 to 3 weeks. ACTH and high-dose intravenous methylprednisolone have been shown to possess similar efficacy in the management of multiple sclerosis relapses.⁷
- The **American College of Rheumatology** has many guidelines regarding use in rheumatoid-type conditions.⁸ ACTH does not have a prominent role and is generally not recommended for use in any of the related American College of Rheumatology guidelines.
- **The American College of Rheumatology has guidelines for the management of gout (2020).**⁹ For gout flare management, using colchicine, non-steroidal anti-inflammatory drugs, or glucocorticoids (oral, intraarticular, or intramuscular) are appropriate first-line therapy for gout flare over interleukin-1 inhibitors or ACTH.
- **The European Respiratory Society published guidelines on the treatment of sarcoidosis (2021).**¹⁰ Repository corticotropin use should be reserved for patients who have failed prior treatments (e.g., steroids, antimetabolites). Only limited data are available. Repository corticotropin should be considered in a case by case basis only when other therapies are not effective or tolerated.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Acthar Gel. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indication. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days. Because of the specialized skills required for evaluation and diagnosis of patients with these conditions, as well as monitoring required for adverse events and efficacy, approval requires Acthar Gel to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Acthar Gel is recommended in those who meet the following criteria:

FDA-Approved Indication

1. **Infantile Spasms, Treatment.** Approve for 1 month if the patient meets both of the following criteria (A and B):
 - A) Child is less than 2 years of age; AND
 - B) Medication is prescribed by a physician who has consulted with or specializes in neurology.

Dosing. Approve up to 150 units/m² by intramuscular injection per day for up to 1 month.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Acthar is not recommended in the following situations:

- 1. Ankylosing Spondylitis.** The American College of Rheumatology guidelines for the treatment of ankylosing spondylitis do not convey a role for ACTH in this condition.^{11,12}
- 2. Dermatomyositis or Polymyositis.** British Society for Rheumatology guidelines on the management of pediatric, adolescent, and adult patients with idiopathic inflammatory myopathy (2022) do not cite ACTH as an agent to utilize in patients with such conditions.¹³
- 3. Diabetic Nephropathy.** ACTH is not a cited therapy or the standard of care for the management of chronic kidney disease in patients with diabetes.^{5,14}
- 4. Glomerular Kidney Diseases.**
Note: Diagnoses can include nephrotic syndrome, membranous nephropathy, immunoglobulin A nephropathy, minimal change disease, infection-related glomerulonephritis, focal segmental glomerulosclerosis, and membranoproliferative glomerulonephritis. ACTH is not prominent in related guidelines from KDIGO (2021) and there is a lack of quality evidence regarding ACTH to support its use.⁵
- 5. Gout.** American College of Rheumatology guidelines for gout (2020) recommend other therapies beside ACTH for gout flare management (e.g., colchicine, non-steroidal anti-inflammatory drugs, or glucocorticoids).⁹
- 6. Juvenile Idiopathic Arthritis.** Related guidelines from the American College of Rheumatology regarding the treatment of juvenile idiopathic arthritis (2021) do not mention ACTH as having a role for this disease.¹⁵
- 7. Lupus Nephritis.** The KDIGO guidelines for the management of glomerular disease (2021) cite many other agents besides ACTH for the management of this condition.⁵ The European League Against Rheumatism-European Renal Association-European Dialysis and Transplantation Association joint recommendations on the management of lupus nephritis do not cite ACTH as a therapy to use in this condition.¹⁶
- 8. Multiple Sclerosis, Acute Exacerbations.** High-dose corticosteroids, usually intravenous methylprednisolone, are the accepted standard of care short-term for acute relapses or exacerbations.⁶
- 9. Ophthalmic Conditions.** Only limited data describe the use of ACTH in ophthalmic-related conditions (e.g., acute optic neuritis, keratitis, retinal vasculitis).^{2,17-19} Prospective data are needed to more rigorously define the efficacy and safety of ACTH in ocular disease.
- 10. Psoriatic Arthritis.** The American College of Rheumatology/National Psoriasis Foundation guidelines for the treatment of psoriatic arthritis (2018) do not mention a role for ACTH in this condition.²⁰
- 11. Rheumatoid Arthritis.** The American College of Rheumatology guidelines for the treatment of rheumatoid arthritis (2021) do not mention a role for ACTH in this disease state.²¹
- 12. Sarcoidosis.** The European Respiratory Society published guidelines on the treatment of sarcoidosis (2021).¹⁰ Repository corticotropin use should be reserved for patients who have failed prior treatments (e.g., steroids, antimetabolites). Only limited data are available. Repository corticotropin should be considered in a case by case basis only when other therapies are not effective or tolerated.

13. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

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HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	03/31/2021
Update	01/05/2022: No criteria changes. The title of “Repository Corticotropin” was added as a header to the policy.	--
Annual Revision	Conditions Not Recommended for Approval: The following conditions were added: Ankylosing Spondylitis, Gout, Juvenile Idiopathic Arthritis, Lupus Nephritis, Ophthalmic Conditions, Psoriatic Arthritis, Rheumatoid Arthritis, and Sarcoidosis. The cited condition of “Multiple Sclerosis Pulse Therapy on a Monthly Basis was changed to “Multiple Sclerosis, Acute Exacerbations”. The condition of Diabetic Nephropathy had the phrase “Treatment of Proteinuria” removed. The condition of Nephrotic Kidney Syndrome (Treatment of) was changed to Glomerular Kidney Diseases with a Note added that provides examples of various diagnoses that this includes.	04/13/2022