PRIOR AUTHORIZATION POLICY

POLICY: Repository Corticotropin – Acthar Gel Prior Authorization Policy
- Acthar® Gel (repository corticotropin intramuscular and subcutaneous injection – Mallinckrodt)

REVIEW DATE: 05/01/2024

OVERVIEW

Acthar, an adrenocorticotropic hormone (ACTH) analog, is indicated for the following uses:1
Infantile spasms, treatment of, in infants and children < 2 years of age as monotherapy.
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.

The Acthar gel vial is for either intramuscular or subcutaneous injection.1 Acthar gel single-dose pre-filled SelfJect injector is for subcutaneous administration by adults only (used to administered single doses of 40 units or 80 units only). For infantile spasms, doses must be given intramuscularly using the Acthar gel vial. The recommended dose for this use is 150 units/m2 divided twice daily into two injections of 75 units/m2. After 2 weeks of treatment dosing should be gradually tapered and discontinued over a 2-week period. Acthar gel single-dose prefilled SelfJect injector is not to be used for the treatment of infantile spasms.

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.
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. Updated KDIGO guidelines were published regarding the management of lupus nephritis (2024), as well as for the management of anti-neutrophil cytoplasmic antibody (ANCA)-associated vasculitis (2024).22,23 ACTH is not mentioned in the guidelines.
The 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. 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 treated with Acthar as well as monitoring required for adverse events and efficacy, approval requires Acthar 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

Infantile Spasms, Treatment. Approve Acthar Gel multidose vial for 1 month if the patient meets ALL of the following (A, B, and C):
Note: Acthar Gel single-dose pre-filled SelfJect Injector for subcutaneous use should not be approved.
Child is < 2 years of age; AND
Acthar is being administered as an intramuscular injection; AND
Medication is prescribed by a physician who has consulted with or specializes in neurology.

Conditions Not Recommended for Approval
Coverage of Acthar is not recommended in the following situations:

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

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

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

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 KDIGO guidelines for the management of anti-neutrophil cytoplasmic antibody (ANCA)-associated vasculitis (2024) do not mention ACTH.23

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

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

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 Updated KDIGO guidelines were published regarding the management of lupus nephritis (2024) and do not mention ACTH.22

Multiple Sclerosis, Acute Exacerbations. High-dose corticosteroids, usually intravenous methylprednisolone, are the accepted standard of care short-term for acute relapses or exacerbations.6

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.

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

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

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.

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

References

Acthar® Gel injection for subcutaneous and intramuscular use [prescribing information]. Bridgewater, NJ: Mallinckrodt; February 2024.
Tran KA, Harrod C, Bourdette DN, et al. Characterization of the clinical evidence supporting repository corticotropin injection for FDA-approved indications. A scoping review. JAMA Intern Med. 2022;182(2):206-217.
Go CY, Mackay MT, Weiss SK, et al. Evidence-based guideline update: medical treatment of infantile spasms: Report of the guideline development subcommittee of the American Academy of Neurology and the Practice Committee of the Child Neurology Society. Neurology. 2012;78:1974-1980.
Pellock JM, Hrachovy R, Shinnar S, et al. Infantile spasms: a US consensus report. Epilepsia. 2010;51(10):2175-2189.
KDIGO 2021 clinical practice guidelines for the management of glomerular diseases. Kidney Int. 2021;100:S1-S276.
National Multiple Sclerosis Society. Expert Opinion Paper. National Clinical Advisory Board of the National Multiple Sclerosis Society. Treatment Recommendations for Physicians. Recommendations Regarding Corticosteroids in the Management of Multiple Sclerosis. Available at: http://www.nationalmssociety.org/NationalMSSociety/media/MSNationalFiles/Brochures/ExpOp_Steroids.pdf. Accessed on April 20, 2024.
Thompson AJ, Kennard C, Swash M, et al. Relative efficacy of intravenous methylprednisolone and ACTH in the treatment of acute relapses in MS. Neurology. 1989;39:969-971.
American College of Rheumatology. Clinical Practice Guidelines. Available at: https://rheumatology.org/clinical-practice-guidelines. Accessed on April 20, 2024.
Fitzgerald JD, Dalbeth N, Mikuls T, et al. 2020 American College of Rheumatology guideline for the management of gout. Arthritis Care Res (Hoboken). 2020;72(6):744-760.
Baughman RP, Valeyre D, Korsten P, et al. ERS clinical practice guidelines on treatment of sarcoidosis. Eur Respir J. 2021;58(6):2004079.
Ward MM, Deodhar A, Gensler LS, et al. 2019 update of the American College of Rheumatology/Spondylitis Association of America/Spondyloarthritis Research and Treatment Network Recommendations for the Treatment of Ankylosing Spondylitis and Nonradiographic Axial Spondyloarthritis. Arthritis Rheumatol. 2019;71(10):1599-1613.
Ward MM, Deodhar A, Akl EA, et al. American College of Rheumatology/Spondylitis Association of America/Spondyloarthritis Research and Treatment Network 2015 recommendations for the treatment of ankylosing spondylitis and nonradiographic axial spondyloarthritis. Arthritis Care Res. 2016;68:151-166.
Oldroyd AGS, Lilleker JB, Amin T, et al. British Society for Rheumatology guideline on management of paediatric, adolescent and adult patients with idiopathic inflammatory myopathy. Rheumatology. 2022;61(5):1760-1768.
American Diabetes Association Professional Practice Committee. Chronic Kidney Disease and Risk Management: Standards of Medical Care in Diabetes-2024. Diabetes Care. 2024;47(1):S219-S230.
Onel KB, Horton DB, Lovell DJ, et al. 2021 American College of Rheumatology Guideline for the treatment of juvenile idiopathic arthritis: therapeutic approaches for oligoarthritis, temporomandibular joint arthritis, and systemic juvenile idiopathic arthritis. Arthritis Rheumatol. 2022;74(4):553-569.
Fanouriakis A, Kostopoulou M, Cheema K, et al. 2019 Update of the Joint European League Against Rheumatism and European Renal Association-European Dialysis and Transplant Association (EULAR/ERA-EDT) recommendations for the management of lupus nephritis. Ann Rheum Dis. 2020;79:713-732.
Crane AB, Sharon Y, Chu DS. Use of adrenocorticotropic hormone in ophthalmology. J Ocul Pharmacol Ther. 2020;36(9):661-667.

Wirta D, McLaurin E, Ousler G, et al. Repository corticotropin injection (Acthar® gel) for refractory severe noninfectious keratitis: efficacy and safety from a phase 4, multicenter, open-label study. Ophthalmol Ther. 2021;10:1077-1092.
Anesi SD, Chang PY, Maleki A, et al. Treatment of noninfectious retinal vasculitis using subcutaneous repository corticotropin injection. J Ophthalmic Vis Res. 2021;16:219-233.
Singh JA, Guyatt G, Ordie A, et al. 2018 American College of Rheumatology/National Psoriasis Foundation Guideline for the Treatment of Psoriatic Arthritis. Arthritis Rheumatol. 2019;71(1):5-32.
Fraenkiel L, Bathon JM, England BR, et al. 2021 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis. Arthritis Care Res (Hoboken). 2021;73(7):924-939.
Kidney Disease Improving Global Outcomes lupus nephritis work group. KDIGO 2024 clinical practice guidelines for the management of lupus nephritis. Kidney Int. 2024;105(Suppl 1S):S1-S69.
Kidney Disease Improving Global Outcomes ANCA Vasculitis Work Group. KDIGO 2024 clinical practice guideline for the management of antineutrophil cytoplasmic antibody (ANCA)-associated vasculitis. Kidney Int. 2024;105(Suppl 3S):S71-S116.