
Medical Policy:

Acthar Gel

Last Review Date: 10/1/2026

Prior Review Date: 12/1/2025

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 used for one of the following FDA-approved indications:
 - Infantile spasms in patients under 2 years of age; **OR**
 - Acute exacerbations of multiple sclerosis; **OR**
 - Acute exacerbations of a rheumatic disorder (i.e., Psoriatic arthritis, Rheumatoid arthritis [including juvenile rheumatoid arthritis], ankylosing spondylitis); **OR**
 - Exacerbation or maintenance therapy for systemic lupus erythematosus or systemic dermatomyositis; **OR**
 - Severe erythema multiforme, Stevens-Johnson syndrome; **OR**
 - Serum sickness; **OR**
 - 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; anterior segment inflammation; **OR**
 - Symptomatic sarcoidosis; **OR**
 - To induce diuresis or remission of proteinuria in the nephrotic syndrome without uremia of the idiopathic type or that due to lupus erythematosus; **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

This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical or other circumstances may warrant individual consideration, based on review of applicable medical records, as well as other regulatory, contractual and/or legal requirements.

Medical policies do not constitute medical advice, nor are they intended to govern the practice of medicine. They are intended to reflect reimbursement and coverage guidelines. Coverage for services may vary for individual members, based on the terms of the benefit contract.