



Drug Name: H.P. Acthar Gel (repository corticotropin)

Date: 9-2018

Revised:4-2019

Drug Name:	H.P. Acthar Gel (repository corticotropin)
Prescriber Restrictions:	N/A
Age Restrictions:	N/A
Required Medical Information:	<p><i>Infantile Spasm:</i></p> <ul style="list-style-type: none"><li>• Patient is less than 24 months old and has a diagnosis of infantile spasms( West Syndrome);</li><li>• Must be used as monotherapy;</li><li>• Documentation that patient does not have a suspected congenital infection</li><li>• Dose does not exceed 75 units/m<sup>2</sup> intramuscularly given twice daily for 2 weeks, then taper the dose over a 2 week period (e.g., 30 units/ m<sup>2</sup> in the morning for 3 days; 15 units/ m<sup>2</sup> in the morning for 3 days; 10 units/ m<sup>2</sup> in the morning for 3 days; and 10 units/ m<sup>2</sup> every other morning for 6 days).</li><li>• Coverage Duration: 1 month</li></ul>