Purified Cortrophin Gel is a porcine derived purified corticotropin (ACTH) in a sterile solution of gelatin indicated in a variety of conditions such as rheumatic disorders, collagen diseases, dermatologic diseases, allergic states, ophthalmic diseases, symptomatic sarcoidosis, nephrotic syndrome and multiple sclerosis (MS). Purified Cortrophin Gel is the anterior pituitary hormone which stimulates the functioning adrenal cortex to produce and secrete adrenocortical hormones. Clinical trials have provided sufficient evidence to support its use in acute exacerbations of MS. However, a recent review found Cortrophin was not superior to corticosteroids for treating relapses of MS.

Cortrophin Gel (corticotropin) will be considered for coverage when the following criteria are met:

### Multiple Sclerosis

For **initial** authorization:

1. Member is at least 18 years of age or older; AND
2. Medication must be prescribed by a neurologist; AND
3. Member must have documentation of a current acute exacerbation of MS; AND
4. Member must have a previous 3-day trial and failure of intravenous methylprednisolone at a dose of at least 1000 mg daily; AND
5. Medication is being used as add-on treatment to disease modifying therapy (ex. Copaxone, Gilenya, Plegridy, etc.)
6. Member does not have ANY of the following:
   a. Scleroderma
   b. Osteoporosis
   c. Systemic fungal infections
   d. Ocular herpes simplex
   e. History of or the presence of a peptic ulcer
   f. Congestive heart failure
   g. Primary adrenocortical insufficiency or adrenocortical hyperfunction

7. **Dosage allowed/Quantity limit:** Administer 80-120 units daily intramuscularly for 2-3 weeks. Quantity Limit: 7 vials per 21 days.

*If all the above requirements are met, the medication will be approved for 3 weeks.*

For **reauthorization**:

Cortrophin Gel will not be reauthorized for chronic use.
CareSource considers Cortrophin Gel (corticotropin) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTION/DESCRIPTION</th>
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<tbody>
<tr>
<td>07/22/2022</td>
<td>New policy for Cortrophin Gel created.</td>
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<tr>
<td>03/14/2023</td>
<td>Updated references. Added requirement for current use of disease modifying therapy. Clarified background information.</td>
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References:


Effective date: 01/01/2024
Revised date: 03/14/2023