Corticotropin-ACTH

Drug names	1. Acthar H.P. gel 2. Corticotropin-ACTH 3. Corticotropin gel

Description

Corticotropin is a hormone injection indicated in the treatment of infantile spasms in infants and children less than 2 years of age as well as exacerbations of multiple sclerosis (MS) in adults. In addition, it is suggested for the treatment of various conditions including, but not limited to, disorders of the skin, respiratory system, and eye, as well as inflammatory and allergy conditions.

It is administered by intramuscular or subcutaneous injection.

Table of Contents

The following topics are included in this document:

Document history

The document history for the past 12 months is outlined below.

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Commercial

Introduction

This section applies to all Commercial members. Benefit details depend on the member's brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).

Dean (DHP, Prevea360)

Drug is on the Medical Injectable Grid.

Tip: For instructions on locating policies, see [Coverage and Prior Authorization Guidelines](#).

- **Requires prior authorization through Pharmacy Benefit Manager (PBM)**. See *Initial Approval Criteria*.
- If approved, quote pharmacy benefits.

Mayo Medical Plan (MMP)

Magellan's Pharmacy Clinical Guideline, *Corticotropin-ACTH*, applies.

Tip: For instructions on locating policies, see [Coverage and Prior Authorization Guidelines](#).

- **Requires prior authorization through Magellan**. See *Initial Approval Criteria*.
  - **Important**: Check policy for limits or exclusions.
  - **ER or inpatient hospital POS**: PA is not required.
  - **Providers**: All providers, including Mayo Clinic providers, require PA.
  - **Medicare supplement**: PA does not apply.
- If approved, quote office visit or outpatient hospital benefits.
- **Received at the pharmacy**: Pharmacy benefits apply. Refer member to their Pharmacy Benefit Manager (PBM)

Medica (including MHPS)

Coverage depends on platform.

Platform	Coverage

COSMOS, UNET	- Magellan's Medical Pharmacy Services Claim Edit (PSCE), *Corticotropin-ACTH*, applies.
	- **Tip**: For instructions on locating policies, see [Coverage and Prior Authorization Guidelines](#).
	- Administration limit applies. See *Dosing Limits*.
	  - **Important**: Check policy for limits or exclusions.
	  - **Providers**: Certain providers are excluded. See [Magellan Pharmacy Services Claim Edit (PSCE)](#).
	- If eligible, quote office visit or outpatient hospital benefits.
	- **Received at the pharmacy**: Pharmacy benefits apply
	  - **Carved out pharmacy**: Refer member to their Pharmacy Benefit Manager (PBM).

HealthRules	- Quote office visit or outpatient hospital benefits. - **Received at the pharmacy**: Pharmacy benefits apply. - **Carved out pharmacy**: Refer member to their Pharmacy Benefit Manager (PBM).

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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.

AccessAbility (SNBC), **Minnesota Senior Care Plus (MSC+)**	Medicaid only groups: • See Medicaid below. Medicare eligible groups: • Quote office visit or outpatient hospital benefits. • **Received at the pharmacy**: Pharmacy benefits apply. • Follows Medicare guidelines. • Medicare is the primary payer. • If no Medicare eligibility, Medicaid applies. See Medicaid below.

AccessAbility Enhanced (I-SNBC),
 	
DUAL (MSHO)
	Magellan's Medical Pharmacy Services Claim Edit (PSCE), *Corticotropin-ACTH*, applies.
	
	Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.
	
	• **Administration limit applies**. See *Dosing Limits*.
	  − **Important**: Check policy for limits or exclusions.
	  − **Providers**: Certain providers are excluded. See **Magellan Pharmacy Services Claim Edit (PSCE)**.
	• If eligible, quote office visit or outpatient hospital benefits.
	• **Received at the pharmacy**: Pharmacy benefits apply.
	• Medica is the only payer.

Cost (Prime)	Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits. • **Drug administration**: Quote office visit benefits. • **Injection (J-code)**: Quote *Part B Prescription Drugs* in the EOC. • **Received at the pharmacy**: Pharmacy benefits apply. • Follows Medicare guidelines.

Med Advantage	Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits. • **Drug administration**: Quote office visit benefits. • **Injection (J-code)**: Quote *Part B Prescription Drugs* in the EOC. • **Received at the pharmacy**: Pharmacy benefits apply. • Follows Medicare guidelines. • Medica is the only payer.

Med Supp (Select, Signature)	Quote office visit or outpatient hospital benefits. • **Received at the pharmacy**: Pharmacy benefits apply. • Follows Medicare guidelines. • Medicare supplement. • Medicare is the primary payer.

Medicaid	Coverage depends on platform.

Platform	Coverage

COSMOS	• Magellan's Medical Pharmacy Services Claim Edit (PSCE), *Corticotropin-ACTH*, applies.
	• **Tip**: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.
	• Administration limit applies. See *Dosing Limits*.
	  − **Important**: Check policy for limits or exclusions.
	  − **Providers**: Certain providers are excluded. See **Magellan Pharmacy Services Claim Edit (PSCE)**.
	• If eligible, quote office visit or outpatient hospital benefits.
	• **Received at the pharmacy**: Pharmacy benefits apply.

HealthRules	• Quote office visit or outpatient hospital benefits. • **Received at the pharmacy**: Pharmacy benefits apply. •

**Document
history**

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Individual and Family Business (IFB)

Introduction

This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member's brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.

Dean (DHP, Medica formerly WellFirst, Prevea360)

Drug is on the Medical Injectable Grid.

Tip: For instructions on locating policies, see [Coverage and Prior Authorization Guidelines](#).

- **Requires prior authorization through Pharmacy Benefit Manager (PBM)**. See *Initial Approval Criteria*.
- If approved, quote pharmacy benefits.

Medica

Quote office visit or outpatient hospital benefits.

- **Received at the pharmacy**: Pharmacy benefits apply.

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