The use of Acthar as an alternative for treating acute exacerbations in a relapse-remitting multiple sclerosis (RRMS) patient

**Indication**
Acthar® Gel (repository corticotropin injection) is indicated for the treatment of acute exacerbations of multiple sclerosis in adults. Controlled clinical trials have shown Acthar to be effective in speeding the resolution of acute exacerbations of multiple sclerosis. However, there is no evidence that it affects the ultimate outcome or natural history of the disease.

**Contributed by** Mary Filipi, PhD, RN, BSN, Neurological and Spinal Surgery Center, Lincoln, NE

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**MEDICAL HISTORY**
- Diagnosed with RRMS at age 21

**TREATMENT HISTORY**
- On disease-modifying therapy (DMT) for 4 years
  - Improved cognition, dexterity, and endurance
  - No relapses reported while on DMT
- Stopped DMT while attempting second pregnancy

**MS RELAPSE SIGNS AND SYMPTOMS**
- Significant relapse 60 days after stopping DMT
  - Optic neuritis
    - Visual acuity bilaterally deteriorated (20/30 to 20/300); legally blind
  - Right leg weakness with foot drop

**RELAPSE TREATMENT**
- IV methylprednisolone (IVMP)
  - Patient experienced side effects (steroid-induced psychosis), which prompted need for another treatment option

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These results are based on a single patient and may not be fully representative of outcomes in the overall patient population. Acthar has not been formally studied in combination with other therapies for treatment of acute exacerbations of multiple sclerosis in adults.

**SELECTED IMPORTANT SAFETY INFORMATION**

**Contraindications**
- Acthar should never be administered intravenously.
- Administration of live or live attenuated vaccines is contraindicated in patients receiving immunosuppressive doses of Acthar.
- Acthar is contraindicated where congenital infections are suspected in infants.
- Acthar is contraindicated in patients with scleroderma, osteoporosis, systemic fungal infections, ocular herpes simplex, recent surgery, history of or the presence of a peptic ulcer, congestive heart failure, uncontrolled hypertension, primary adrenocortical insufficiency, adrenocortical hyperfunction or sensitivity to proteins of porcine origins.

Please see additional Important Safety Information throughout. Also see full Prescribing Information following this brochure.


**ACTUAL PATIENT CASE STUDY**

**Acthar is an alternative demonstrated to speed MS relapse relief in adults**¹

**WHEN YOUR PATIENTS NEED ANOTHER OPTION, CONSIDER ACTHAR**

- Acthar is believed to have both immunomodulatory and anti-inflammatory properties²⁻⁷.
- Demonstrated to speed relapse recovery in multiple studies⁸⁻¹⁰.

*While the exact mechanism of action of Acthar is unknown, further investigation is being conducted. This information is based on nonclinical data, and the relationship to clinical benefit is unknown.

*The exact chemical form of ACTH used in some of these studies is unknown.

**IMPORTANT SAFETY INFORMATION**

**Contraindications**

- Acthar should never be administered intravenously.
- Administration of live or live attenuated vaccines is contraindicated in patients receiving immunosuppressive doses of Acthar.
- Acthar is contraindicated where congenital infections are suspected in infants.
- Acthar is contraindicated in patients with scleroderma, osteoporosis, systemic fungal infections, ocular herpes simplex, recent surgery, history of or the presence of a peptic ulcer, congestive heart failure, uncontrolled hypertension, primary adrenocortical insufficiency, adrenocortical hyperfunction or sensitivity to proteins of porcine origins.

**Warnings and Precautions**

- The adverse effects of Acthar are related primarily to its steroidogenic effects.
- Acthar may increase susceptibility to new infection or reactivation of latent infections.
- Suppression of the hypothalamic-pituitary-axis (HPA) may occur following prolonged therapy with the potential for adrenal insufficiency after withdrawal of the medication. Adrenal insufficiency may be minimized by tapering of the dose when discontinuing treatment. During recovery of the adrenal gland patients should be protected from the stress (e.g. trauma or surgery) by the use of corticosteroids. Monitor patients for effects of HPA suppression after stopping treatment.
- Cushing’s syndrome may occur during therapy but generally resolves after therapy is stopped. Monitor patients for signs and symptoms.
- Acthar can cause elevation of blood pressure, salt and water retention, and hypokalemia. Blood pressure, sodium and potassium levels may need to be monitored.

- Acthar often acts by masking symptoms of other diseases/disorders. Monitor patients carefully during and for a period following discontinuation of therapy.
- Acthar can cause GI bleeding and gastric ulcer. There is also an increased risk for perforation in patients with certain gastrointestinal disorders. Monitor for signs of bleeding.
- Acthar may be associated with central nervous system effects ranging from euphoria, insomnia, irritability, mood swings, personality changes, and severe depression, and psychosis. Existing conditions may be aggravated.
- Patients with comorbid disease may have that disease worsened. Caution should be used when prescribing Acthar in patients with diabetes and myasthenia gravis.
- Prolonged use of Acthar may produce cataracts, glaucoma and secondary ocular infections. Monitor for signs and symptoms.
- Acthar is immunogenic and prolonged administration of Acthar may increase the risk of hypersensitivity reactions. Neutralizing antibodies with chronic administration may lead to loss of endogenous ACTH activity.
- There is an enhanced effect in patients with hypothryoidism and in those with cirrhosis of the liver.
- Long-term use may have negative effects on growth and physical development in children. Monitor pediatric patients.
- Decrease in bone density may occur. Bone density should be monitored for patients on long-term therapy.
- Pregnancy Class C: Acthar has been shown to have an embryocidal effect and should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

**Adverse Reactions**

- Common adverse reactions for Acthar are similar to those of corticosteroids and include fluid retention, alteration in glucose tolerance, elevation in blood pressure, behavioral and mood changes, increased appetite and weight gain.
- Specific adverse reactions reported in IS clinical trials in infants and children under 2 years of age included: infection, hypertension, irritability, Cushingoid symptoms, constipation, diarrhea, vomiting, pyrexia, weight gain, increased appetite, decreased appetite, nasal congestion, acne, rash, and cardiac hypertrophy. Convulsions were also reported, but these may actually be occurring because some IS patients progress to other forms of seizures and IS sometimes mask other seizures, which become visible once the clinical spasms from IS resolve.

Other adverse events reported are included in the full Prescribing Information following this brochure.

Learn more about Acthar at actharmssrelapse-hcp.com

**REFERENCES**


**Mallinckrodt Pharmaceuticals**

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**Acthar Gel (parental corticotrophin injection) 80 U/ml**

For MS relapse in adults
Acthar Gel

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use Acthar Gel safely and effectively. See full prescribing information for Acthar Gel.

Acthar Gel (repository corticotropin injection) INJECTION, GEL for INTRAMUSCULAR USE

Initial U.S. Approval: 1952

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### INDICATIONS AND USAGE

- **Infections:** Increased susceptibility to new infection and increased risk of exacerbation.
- **Treatment of conditions listed within the INDICATIONS AND USAGE section is:**
- **Acthar Gel is contraindicated in children under 2 years of age with suspected congenital infections.**
- **Acthar Gel may be used for the following disorders and diseases: rheumatic; collagen; dermatologic; allergic states; opthalmic; respiratory; and edematous state. (1.3 to 1.9)**

### DOSAGE AND ADMINISTRATION

- In the treatment of infantile spasms, the recommended dose is 150 U/m² divided into twice daily intramuscular injections of 75 U/m². After 2 weeks of treatment, dosing should be gradually tapered and discontinued over a 2- to 4-week period. (2.1)
- In the treatment of acute exacerbations of multiple sclerosis, daily intramuscular or subcutaneous doses of 50-120 units for 2-3 weeks may be administered. It may be necessary to taper the dose. (2.2)
- In the treatment of other disorders and diseases, dosing will need to be individualized depending on the disease under treatment and the medical condition of the patient. It may be necessary to taper the dose. (2.3)

### DOSAGE FORMS AND STRENGTHS

- 5 mL multi-dose vial containing 80 USP units per mL. (3)

### CONTRAINDICATIONS

- Acthar Gel should never be given intravenously.
- Acthar Gel is contraindicated in patients with scleroderma, osteoporosis, systemic fungal infections, ocular herpes simplex, recent surgery, history of or the presence of a peptic ulcer, congestive heart failure, uncontrolled hypertension, or sensitivity to proteins of porcine origin.
- Administration of live or live attenuated vaccines is contraindicated in patients receiving immunosuppressive doses of Acthar Gel.
- Acthar Gel is contraindicated in children under 2 years of age with suspected congenital infections. (4)
- Treatment of conditions listed within the INDICATIONS AND USAGE section is contraindicated when they are accompanied by primary adrenocortical insufficiency or adrenocortical hyperfunction. (4)

### WARNINGS AND PRECAUTIONS

- Infections: Increased susceptibility to new infection and increased risk of exacerbation, dissemination or reactivation of latent infections. Signs and symptoms of infection may be masked. (5.1)
- Adrenal Insufficiency after Prolonged Therapy: Monitor for effects of hypothalamic-pituitary-axis suppression after stopping treatment. (5.2)
- Cushing’s Syndrome: May occur after prolonged therapy. Monitor for signs and symptoms. (5.2)
- Elevated Blood Pressure, Salt and Water Retention and Hypokalemia: Monitor blood pressure and sodium and potassium levels. (5.3)
- Vaccination: Do not administer live or live attenuated vaccines to patients on immunosuppressive doses. (5.4)
- Masking of Symptoms of Other Underlying Disease/Disorders: Monitor patients for signs of other underlying disease/disorders that may be masked. (5.5)
- Gastrointestinal Perforation and Bleeding: There is a risk for gastric ulcers and bleeding. There is an increased risk of perforation in patients with certain GI disorders. Signs and symptoms may be masked. Monitor for signs of perforation and bleeding. (5.6)
- Behavioral and Mood Disturbances: May include euphoria, insomnia, mood swings, personality changes, severe depression and psychosis. Existing conditions may be aggravated. (5.7)
- Comorbid Diseases: Symptoms of diabetes and myasthenia gravis may be worsened with treatment. (5.8)
- Ophthalmic Effects: Monitor for cataracts, infections and glaucoma. (5.9)
- Immunogenicity Potential: Neutralizing antibodies with chronic administration may lead to a loss of endogenous ACTH activity. (5.10)
- Use in Patients with Hypothyroidism or Liver Cirrhosis: May result in an enhanced effect. (5.11)
- Negative Effects on Growth and Physical Development: Monitor pediatric patients on long term therapy. (5.12)
- Decrease in Bone Density: Monitor for osteoporosis in patients on long term therapy. (5.13)
- Use in Pregnancy: Embryocidal effect. Apprise women of potential harm to the fetus. (5.14)

### ADVERSE REACTIONS

- Common adverse reactions for Acthar Gel are similar to those of corticosteroids and include fluid retention, alteration in glucose tolerance, elevation in blood pressure, behavioral and mood changes, increased appetite and weight gain. (6)
- Specific adverse reactions resulting from drug use in children under 2 years of age are increased risk of infections, hypertension, irritability, Cushingoid symptoms, cardiac hypertrophy and weight gain. (6.1.1)

To report SUSPECTED ADVERSE REACTIONS, contact Mallinckrodt at 1-800-778-7898 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

### DRUG INTERACTIONS

- Acthar Gel may accentuate the electrolyte loss associated with diuretic therapy. (7)
- Pregnancy: Acthar Gel has been shown to have an embryocidal effect and should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. (8.1)
- Pediatric Use: Prolonged use of Acthar Gel in children may inhibit skeletal growth. If use is necessary, it should be given intermittently with careful observation. (5.12 and 8.4)

See 17 for Patient Counseling Information and FDA-approved Medication Guide

Revised: 3/2019

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2 DOSAGE AND ADMINISTRATION

2.1 Specific Recommended Dosage Regimen for Infantile Spasms in Infants and Children Under 2 Years of Age

In the treatment of infantile spasms, Acthar Gel must be administered intramuscularly. The recommended regimen is a daily dose of 150 U/m² (divided into twice daily intramuscular injections of 75 U/m²) administered over a 2-week period. Dosing with Acthar Gel should then be gradually tapered over a 2-week period to avoid adrenal insufficiency. The following is one suggested tapering schedule: 30 U/m² in the morning for 3 days; 15 U/m² in the morning for 3 days and 10 U/m² every other morning for 6 days.

Acthar Gel is typically dosed based on body surface area (BSA). For calculation of body surface area, use the following formula:

\[ BSA(m^2) = \sqrt{ \frac{\text{weight (kg)} \times \text{height (cm)}}{3600}} \]

2.2 Recommended Dosage Regimen for the Treatment of Acute Exacerbations in Adults with Multiple Sclerosis

The recommended dose is daily intramuscular or subcutaneous doses of 80-120 units for 2-3 weeks for acute exacerbations. Dosage should be individualized according to the medical condition of each patient. Frequency and dose of the drug should be determined by considering the severity of the disease and the initial response of the patient. Although drug dependence does not occur, sudden withdrawal of Acthar Gel after prolonged use may lead to adrenal insufficiency or recurrent symptoms which make it difficult to stop the treatment. It may be necessary to taper the dose and increase the injection interval to gradually discontinue the medication.

2.3 Recommended Dosage Regimen for Other Indications for Adults and Children Over 2 Years of Age

Dosage should be individualized according to the disease under treatment and the general medical condition of each patient. Frequency and dose of the drug should be determined by considering severity of the disease and the initial response of the patient. The usual dose of Acthar Gel is 40-80 units given intramuscularly or subcutaneously every 24-72 hours. Although drug dependence does not occur, sudden withdrawal of Acthar Gel after prolonged use may lead to adrenal insufficiency or recurrent symptoms which make it difficult to stop the treatment. It may be necessary to taper the dose and increase the injection interval to gradually discontinue the medication.

2.4 Preparation

Acthar Gel should be warmed to room temperature before using. Caution should be taken not to over-pressurize the vial prior to withdrawing the product.

3 DOSAGE FORMS AND STRENGTHS

5 mL multi-dose vial containing 80 USP Units per mL.

4 CONTRAINDICATIONS

Acthar Gel is contraindicated for intravenous administration. Acthar Gel is contraindicated where congenital infections are suspected in infants. Administration of live or live attenuated vaccines is contraindicated in patients receiving immunosuppressive doses of Acthar Gel. Acthar Gel is contraindicated in patients with scleroderma, osteoporosis, systemic fungal infections, ocular herpes simplex, recent surgery, history of or the presence of a peptic ulcer, congestive heart failure, uncontrolled hypertension, primary adrenocortical insufficiency, adrenocortical hyperfunction or sensitivity to proteins of porcine origin.

5 WARNINGS AND PRECAUTIONS

The adverse effects of Acthar Gel are related primarily to its steroidogenic effects. Not all of the adverse events described below have been seen after treatment with Acthar Gel, but might be expected to occur [see Adverse Reactions (6.3)].

5.1 Infections

Adrenal insufficiency may increase the risks related to infections with any pathogen, including viral, bacterial, fungal, protozoan or helminthic infections. Patients with latent tuberculosis or tuberculin reactivity should be observed closely, and if therapy is prolonged, chemoprophylaxis should be instituted.

5.2 Cushing’s Syndrome and Adrenal Insufficiency Upon Withdrawal

Treatment with Acthar Gel can cause hypothalamic-pituitary-axis (HPA) suppression and Cushing’s syndrome. These conditions should be monitored especially with chronic use. Suppression of the HPA may occur following prolonged therapy with the potential for adrenal insufficiency after withdrawal of the medication. Patients should be monitored for signs of insufficiency such as weakness, hyperpigmentation, weight loss, hypotension and abdominal pain. The symptoms of adrenal insufficiency in infants treated for infantile spasms can be difficult to identify. The symptoms are non-specific and may include anorexia, fatigue, lethargy, weakness, excessive weight loss, hypotension and abdominal pain. It is critical that parents and caregivers be made aware of the possible onset of adrenal insufficiency when discontinuing Acthar Gel and should be instructed to observe for, and be able to recognize, these symptoms [see Patient Counseling Information (17)].

5.3 Elevated Blood Pressure, Salt and Water Retention and Hypokalemia

Acthar Gel can cause elevation of blood pressure, salt and water retention, and increased extracellular potassium. Dietary salt restriction and potassium supplementation may be necessary. Caution should be used in the treatment of patients with hypertension, congestive heart failure, or renal insufficiency.

5.4 Vaccination

Administration of live or live attenuated vaccines is contraindicated in patients receiving immunosuppressive doses of Acthar Gel. Killed or inactivated vaccines may be administered; however, the response to such vaccines can not be predicted. Other immunization procedures should be undertaken with caution in patients who are receiving Acthar Gel, especially when high doses are administered, because of the possible hazards of neurological complications and lack of antibody response.

5.5 Masking Symptoms of Other Diseases

Acthar Gel often acts by masking symptoms of other diseases/disorders without altering the course of the other disease/disorder. Patients should be monitored carefully during and for a period following discontinuation of therapy for signs of infection, abnormal cardiac function, hypertension, hyperglycemia, change in body weight and fecal blood loss.

5.6 Gastrointestinal Perforation and Bleeding

Acthar Gel can cause GI bleeding and gastric ulcer. There is also an increased risk for perforation in patients with certain gastrointestinal disorders. Signs of gastrointestinal perforation, such as peritoneal irritation, may be masked by the therapy. Use caution where there is the possibility of impeding perforation, abscess or other pyogenic infections, diverticulitis, fresh intestinal anastomoses, and active or latent peptic ulcer.

5.7 Behavioral and Mood Disturbances

Use of Acthar Gel may be associated with central nervous system effects ranging from euphoria, insomnia, irritability (especially in infants), mood swings, personality changes, and severe depression, to frank psychotic manifestations. Also, existing emotional instability or psychotic tendencies may be aggravated.

5.8 Comorbid Diseases

Patients with a comorbid disease may have that disease worsened. Caution should be used when prescribing Acthar Gel in patients with diabetes and myasthenia gravis.

5.9 Ophthalmic Effects

Prolonged use of Acthar Gel may produce posterior subcapsular cataracts, glaucoma with possible damage to the optic nerves and may enhance the establishment of secondary ocular infections due to fungi and viruses.

5.10 Immuneogenic Potential

Acthar Gel is immunogenic. Limited available data suggest that a patient may develop antibodies to Acthar Gel after chronic administration and loss of endogenous ACTH and Acthar Gel activity. Prolonged administration of Acthar Gel may increase the risk of hypersensitivity reactions. Sensitivity to porcine protein should be considered before starting therapy and during the course of treatment should symptoms arise.

5.11 Use in Patients with Hypothyroidism or Liver Cirrhosis

There is an enhanced effect in patients with hypothyroidism and in those with cirrhosis of the liver.
5.12 Negative Effects on Growth and Physical Development
Long-term use of Acthar Gel may have negative effects on growth and physical development in children. Changes in appetite are seen with Acthar Gel therapy, with the effects becoming more frequent as the dose or treatment period increases. These effects are reversible once Acthar Gel therapy is stopped. Growth and physical development of pediatric patients on prolonged therapy should be carefully monitored.

5.13 Decrease in Bone Density
Decrease in bone formation and an increase in bone resorption both through an effect on calcium regulation (i.e. decreasing absorption and increasing excretion) and inhibition of osteoblast function may occur. These, together with a decrease in the protein matrix of the bone (secondary to an increase in protein catabolism) and reduced sex hormone production, may lead to inhibition of bone growth in children and adolescents and to the development of osteoporosis at any age. Special consideration should be given to patients at increased risk of osteoporosis (i.e., postmenopausal women) before initiating therapy, and bone density should be monitored in patients on long term therapy.

5.14 Use in Pregnancy
Acthar Gel has been shown to have an embryocidal effect. Apprise women of potential harm to the fetus [see Use in Specific Populations (8.1)].

6 ADVERSE REACTIONS
Please refer to Adverse Reactions in Infants and Children Under 2 Years of Age (Section 6.1.1) for consideration when treating patients with Infantile Spasms. The adverse reactions presented in Section 6.2 are primarily provided for consideration in use in adults and in children over 2 years of age, but these adverse reactions should also be considered when treating infants and children under 2 years of age.

Acthar Gel causes the release of endogenous cortisol from the adrenal gland. Therefore all the adverse effects known to occur with elevated cortisol may occur with Acthar Gel administration as well. Common adverse reactions include fluid retention, alteration in glucose tolerance, elevation in blood pressure, behavioral and mood changes, increased appetite and weight gain.

6.1 Clinical Studies Experience
Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug, and may not reflect the rates observed in practice.

6.1.1 Adverse Reactions in Infants and Children Under 2 Years of Age
While the types of adverse reactions seen in infants and children under age 2 treated for infantile spasms are similar to those seen in older patients, their frequency and severity may be different due to the very young age of the infant, the underlying disorder, the duration of therapy and the dosage regimen. Below is a summary of adverse reactions that may be different due to the very young age of the infant, the underlying disorder, the duration of therapy and the dosage regimen. It is not always possible to estimate their frequency or establish a causal relationship to use with Acthar Gel. Events are categorized by system organ class. Unless otherwise noted these adverse events have been reported in infants, children and adults.

6.2 Postmarketing Experience
The following adverse reactions associated with the use of Acthar Gel have been identified from postmarketing experience with Acthar Gel. Only adverse events that are not listed above as adverse events reported from retrospective chart reviews and non-sponsor conducted clinical trials and those not discussed elsewhere in labeling, are listed in this section. Because the adverse reactions are reported voluntarily from a population of uncertain size, it is not always possible to estimate their frequency or establish a causal relationship to use with Acthar Gel. Events are categorized by system organ class. Unless otherwise noted these adverse events have been reported in infants, children and adults.

6.2.1 Allergic Reactions
Allergic responses have presented as dizziness, nausea and shock (adults only).

6.2.2 Cardiovascular
Necrotizing angitis (adults only) and congestive heart failure.

6.2.3 Dermatologic
Skin thinning (adults only), facial erythema and increased sweating (adults only).

6.2.4 Endocrine
Decreased carbohydrate tolerance (infants only) and hirsutism.

6.2.5 Gastrointestinal
Pancreatitis (adults only), abdominal distention and ulcerative esophagitis.

6.2.6 General Disorders and Administration Site Conditions
Injection site reactions.

6.2.7 Metabolic
Hypokalemic alkalosis (infants only).

6.2.8 Musculoskeletal
Muscle weakness and vertebral compression fractures (infants only).

6.2.9 Neurological
Headache (adults only), vertigo (adults only), subdural hematoma, intracranial hemorrhage (adults only), and reversible brain shrinkage (usually secondary to hypertension) (infants only).

6.3 Possible Additional Steroidogenic Effects
Based on steroidogenic effects of Acthar Gel certain adverse events may be expected due to the pharmacological effects of corticosteroids. The adverse events that may occur but have not been reported for Acthar Gel are:

6.3.1 Dermatologic
Impaired wound healing, abscess, petechiae and ecchymoses, and suppression of skin test reactions.

6.3.2 Endocrine
Menstrual irregularities.

6.3.3 Metabolic
Negative nitrogen balance due to protein catabolism.

6.3.4 Musculoskeletal
Loss of muscle mass and aseptic necrosis of femoral and humeral heads.

6.3.5 Neurological
Increased intracranial pressure with papilledema, (pseudo-tumor cerebri) usually after treatment, and subdural effusion.

6.3.6 Ophthalmic
Exophthalmos.

7 DRUG INTERACTIONS
Formal drug-drug interaction studies have not been performed. Acthar Gel may accentuate the electrolyte loss associated with diuretic therapy.

8 USE IN SPECIFIC POPULATIONS
8.1 Pregnancy
Pregnancy Class C: Acthar Gel has been shown to have an embryocidal effect. There are no adequate and well-controlled studies in pregnant women. Acthar Gel should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

8.3 Nursing Mothers
It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants from Acthar Gel, when treating a nursing mother, a decision should be made whether to discontinue nursing or to discontinue the drug, considering the risk and benefit to the mother.
The efficacy of Acthar Gel for the treatment of infantile spasms in infants and children less than 2 years of age. Both serious and other adverse reactions in this population are discussed in Warnings and Adverse Reactions in Infants and Children Under 2 Years of Age [see Sections 5 and 6.1.1].

Adequate and well-controlled studies have not been done in animals. Human use has not been associated with an increase in malignant disease [see Warnings and Precautions (5.12) and Adverse Reactions (6.1.1)].

Patients, their caregivers and families should be advised that the patient may show signs of irritability and sleep disturbances. These effects are reversible once Acthar Gel therapy is stopped [see Warnings and Precautions (5.7) and Adverse Reactions (6.1.1)].

Patients should be educated that a fever may not necessarily be present during infection. The patient should also try to limit contact with other people with infections to minimize the risk of infection while taking Acthar Gel [see Warnings and Precautions (5.1) and Adverse Reactions (6.1.1)].

Patients, their caregivers and families should be advised that they should be educated that a fever may not necessarily be present during infection. The patient should also try to limit contact with other people with infections to minimize the risk of infection while taking Acthar Gel [see Warnings and Precautions (5.1) and Adverse Reactions (6.1.1)].

Patients, their caregivers and families should be advised that the patient may be monitored for signs of adrenal insufficiency such as weakness, fatigue, lethargy, anorexia, weight loss, hypotension, abdominal pain or hyperpigmentation (adults only) after treatment has stopped. Since the recovery of the adrenal gland varies from days to months, patients may need to be protected from the stress of trauma or surgery by the use of corticosteroids during the period of stress [see Warnings and Precautions (5.2)].

Patients should be advised not to be vaccinated with live or live attenuated vaccines during treatment with Acthar Gel. Additionally, other immunization procedures in patients or in family members who will be in contact with the patient should be undertaken with caution while the patient is taking Acthar Gel [see Warnings and Precautions (5.4)].

Patients, their caregivers and families should be advised that the patient may be monitored for signs of adrenal insufficiency such as weakness, fatigue, lethargy, anorexia, weight loss, hypotension, abdominal pain or hyperpigmentation (adults only) after treatment has stopped. Since the recovery of the adrenal gland varies from days to months, patients may need to be protected from the stress of trauma or surgery by the use of corticosteroids during the period of stress [see Warnings and Precautions (5.2)].

Patients, their caregivers and families should be advised that patients with infantile spasms progress to other forms of seizures (for example, Lennox-Gastaut Syndrome). Additionally the spasms sometimes mask other seizures and once the spasms resolve after treatment with Acthar Gel, the other seizures may become visible.

Parents and caregivers should inform their physician of any new onset of seizures so that appropriate management can then be instituted [see Adverse Reactions (6.1.1)].

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