EMERGENCY RELEASE

NAME OF DRUG
corticotropin

CLASSIFICATION
Adrenocorticotropic Hormone

ALTERNATE NAME
ACTH, ACTHAR, ACTHAR GEL, DURACTON

INDICATIONS

- diagnostic testing of adrenocortical function
- anti-inflammatory, immunosuppressant

RECONSTITUTION AND STABILITY

- stable in the dry form at room temperature
- reconstitute 40 unit vial with 2.0 mL sterile water for injection or NS to yield a 20 unit/mL solution
- reconstituted solutions should not be stored longer than 24 hours in refrigerator
- repository (gel) form must be refrigerated

COMPATIBILITY

- compatible with D5W, D5S, LR, NS
- compatible with aminophylline ascorbic acid, calcium gluconate, heparin, multiple vitamin infusion (MVI), potassium chloride, vitamin K
- repository (gel) form should not be mixed with any other drug or solution

ROUTES OF ADMINISTRATION

- SC
- IM - deeply into gluteal muscle
- IV direct - over 1-2 minutes
- IV infusion - in 500-1,000 mL of D5W or NS over 8 hours

- REPOSITORY (GEL) FORM SHOULD NOT BE ADMINISTERED IV

VH & HSC ADMINISTRATION POLICY

E - Direct IV route can be administered by nurses on general nursing units provided a venous access has been established, and according to policies and recommendations stated in this manual.

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DURACTON

DOSAGE

- individualized according to diagnosis, severity and probable duration of the disease.

Verification of adrenal responsiveness:
- 25 units IM or direct IV
- may be administered as an IV infusion over 8 hours if greater stimulus to adrenal cortex desired
  (Note - cosyntropin is preferred test)

Anti-inflammatory, immunosuppressant:
- 20 units IM, SC four times daily or 40-80 units IM, SC every 24-72 hours if repository (gel) injection is used

Acute exacerbations of multiple sclerosis:
- 80-120 units IM daily in divided doses for 2-3 weeks

Myasthenia gravis:
- 100 units by IV infusion over 8 hours daily for 10 days; repeat after 5-10 days or 100 units of repository (gel) IM daily for 10 days; repeat after 5-10 days

POTENTIAL HAZARDS OF PARENTERAL ADMINISTRATION

- transient local induration, pain, and abscesses may occur at IM or SC injection site.
- burning and tingling of perineal area after IV administration may occur
- during IV administration or immediately after IM or SC injection all patients should be carefully observed for hypersensitivity reactions

IMPORTANT IMPLICATIONS

- chronic use of more than 40 units daily may cause severe adverse effects: hypothalamic pituitary insufficiency, muscle wasting, delayed healing, Cushingoid state, glucose intolerance, mental disturbances, seizures, skin atrophy
- electrolyte imbalances may occur including: sodium and water retention, hypokalemia, hypocalcemia
- perform skin testing prior to treatment of all patients suspected of sensitivity to porcine protein
- may mask signs of infection
- contraindicated in patients with active tuberculosis, peptic ulcer, ocular herpes simplex, acute psychosis
- may increase insulin requirements in diabetics
- for verification of adrenal responsiveness: measure baseline plasma cortisol levels immediately before and 60 minutes after IV or IM injection