

cases; continue until mucosa appears relatively normal. The most dramatic results are seen in the acute cases. DERMATITIS, CONTACT, DRUG, ETC.—60–80 Units daily or 40–50 b.i.d. if severe; maintenance treatment not required if cause removed. DERMATOMYOSITIS—60–80 Units daily; 40–50 Units b.i.d. if severe; maintenance treatment usually required. EXFOLIATIVE DERMATITIS—60–80 Units daily or 40–50 Units b.i.d. if severe; continue for 2 weeks after skin is essentially normal; maintenance usually not required if cause determined. EYE DISEASES: CHOROIDITIS, CONJUNCTIVITIS; ACUTE SECONDARY GLAUCOMA, IRITIS, KERATITIS, SYMPATHETIC OPHTHALMIA, OPTIC NEURITIS—60–80 Units once daily or 40–50 Units b.i.d. for severe cases; continue treatment until lesion healed. GOUT—60–80 Units once daily or 40–50 Units b.i.d. if severe; result usually in 1–3 injections. Concurrent colchicine therapy advised. GUILLAIN-BARRE SYNDROME—60–80 Units daily or 40–50 Units b.i.d. if severe. HAY FEVER—60–80 Units once daily or 40–50 Units b.i.d. if severe; periodic injections advisable during pollen season. HYPOGLYCEMIA, Congenital Idiopathic—40–60 Units daily; small amounts may be required to maintain control. JAUNDICE, Hemolytic Acquired—40–60 Units daily until blood picture normal; maintenance treatment unless cause removed. LUPUS ERYTHEMATOSUS—40–80 Units b.i.d. and continue for several weeks after adequate remission; maintenance treatment usually required. NEPHROTIC SYNDROME—For patients weighing 50–100 lbs., 60 Units once daily; 100 lbs. or over, 80 Units daily. Initial dose is continued 10–12 days and then abruptly stopped to allow for spontaneous diuresis; diuresis may occur before 10 days. If edema disturbing, stop treatment diuresis may occur. If diuresis inadequate, repeat after 5 days. Patients are kept on usual nephrotic regimens during therapy. PANHYPOPIUITARISM—20–40 Units daily; maintenance therapy indicated with smaller doses and lengthened intervals between doses. PEMPHIGUS—60–80 Units daily or 40–60 Units b.i.d. if necessary. Continue treatment for 10–14 days after old lesions heal and new lesions cease to appear. Most cases require maintenance therapy. PENICILLIN REACTIONS—See Dermatitis (Contact and Drug). PERIARTERITIS NODOSA—60–80 Units daily or 40–50 Units b.i.d. if necessary; maintenance treatment usually necessary. POISON IVY—See Dermatitis (Contact and Drug). PSORIASIS—60–80 Units daily or 40–50 Units b.i.d. until skin lesions essentially gone; maintenance therapy generally required. RADIATION SICKNESS—20–60 Units daily; symptoms usually controlled within few days. RHEUMATIC FEVER—60–80 Units daily or 40–50 Units b.i.d. if acutely ill. Continue for 2–3 weeks before tapering dose. Do not discontinue until clinical and laboratory signs of disease disappear, usually a total period of 6–8 weeks. Cardiac decompensation is not a contraindication—diuretics may be used. SARCOIDOSIS—40–80 Units daily; improvement usually within 5–7 days; maintenance therapy may be necessary. SERUM SICKNESS—40–80 Units once daily; if severe, 40–50 Units b.i.d. TENOSYNOVITIS—40–80 Units daily or 40–50 Units b.i.d. if severe; results usually within 24–36 hours. THYROIDITIS—80 Units daily for 3 days followed by 60 Units for 2 days, 40 Units for 2 days, 20 Units for 2 days, and 10 Units for 3 days. URTICARIA—60–80 Units daily or 40–50 Units b.i.d. if severe; maintenance therapy not required in cases with known etiology. ACTHAR (Corticotropin) preparations have also been used in a number of other diseases; Agranulocytosis (especially drug-induced), Aplastic Anemia, Bell's Palsy, Beryllium Poisoning, Erythema Nodosum, Erthroblastosis Fetalis, Fibrositis, Hepatic Coma, Heat Sickness, Hodgkin's Disease, Infections (acute overwhelming as Peritonitis, Meningitis, etc.), Insect Bites, Leukemia (acute and chronic lymphatic), Loeffler's Syndrome, Myositis, Neuritis, Orchitis, Rhinitis, Scleroderma, Shoulder-Hand Syndrome, Snake Bite, Sprue Syndrome, Stevens-Johnson Syndrome.

INTRAVENOUS USE: This method of administration may be used where a rapid response is desired, in patients refractory to intramuscular ACTH, for reactivation of adrenals suppressed by cortisone, hydrocortisone, prednisone, prednisolone, etc., and for diagnosis. The recommended dose is 10–25 Units of ACTHAR (Corticotropin Injection) or 40 to 80 Units of H.P. ACTHAR GEL (Repository Corticotropin Injection) in 500 cc. of 5% glucose in water given as a continuous intravenous infusion over an eight hour period, once daily. For children under 6 years, reduce the dosage to 50% of the adult dose recommended for the ACTHAR (Corticotropin Injection) preparation being used. There is no long-acting effect when H.P. ACTHAR GEL (Repository Corticotropin Injection) is used intravenously. Patients known to be highly sensitive to proteins should be carefully evaluated even though the slowness of infusion and the normal blocking effect of ACTH in hypersensitivities would appear to offset reactions. Patients