

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

Actimmune (interferon gamma-1b)

Override	Approval Duration
Prior Authorization	1 year

Medication
Actimmune (interferon gamma-1b)

APPROVAL CRITERIA

Requests for Actimmune (interferon gamma-1b) may be approved if the following criteria are met:

- I. Individual has a diagnosis of one of the following:
 - A. Chronic granulomatous disease; **OR**
 - B. Severe malignant osteopetrosis; **OR**
 - C. Mycosis fungoides, including Sézary syndrome (NCCN 2A).

Requests for Actimmune (interferon gamma-1b) may not be approved for the following:

- I. All other indications not included above, including but not limited to:
 - A. Advanced ovarian or primary peritoneal cancer; **OR**
 - B. Atopic dermatitis; **OR**
 - C. Brain tumors; **OR**
 - D. Chronic hepatitis C; **OR**
 - E. Friedreich's ataxia; **OR**
 - F. Idiopathic pulmonary fibrosis; **OR**
 - G. Invasive fungal infection, post-transplantation (for example, after hematopoietic stem cell or solid organ transplantation); **OR**
 - H. Metastatic renal cell cancer; **OR**
 - I. Pulmonary tuberculosis.

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: January 16, 2020.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2019 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on January 16, 2020.
 - a. Primary Cutaneous Lymphomas. V1.2020. Revised January 6, 2020.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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