

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.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2021. 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: December 18, 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.; 2021; 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 December 18, 2020.
 - a. Primary Cutaneous Lymphomas. V1.2021. Revised October 12, 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.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.