

Actimmune (interferon gamma-1b)

POLICY NUMBER: RX.PA.075.E

REVISION DATE: 4/13

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PROCEDURE

Initial Authorization Criteria:

Must meet all of the criteria listed under the respective diagnosis:

For All Diagnoses:

1. Chronic Granulomatous Disease

- Must be prescribed by an immunologist, hematologist, infectious disease physician or in consultation with one of these specialists

2. Severe Malignant Osteopetrosis

- Must be prescribed by an orthopedic surgeon, hematologist, or endocrinologist or in consultation with one of these specialists
- Must have the diagnosis confirmed by radiological evidence

Interferon gamma 1-b (Actimmune) is NOT covered for the following indications:

1. Basal cell carcinoma of the skin
2. Breast cancer
3. Burn infection
4. Chronic Myeloid Leukemia
5. Condyloma acuminatum
6. Graft vs. Host disease
7. Idiopathic Pulmonary Fibrosis
8. Kaposi's Sarcoma
9. Malignant mesothelioma
10. Mycobacteriosis
11. Ovarian cancer
12. Rheumatoid arthritis
13. Scleroderma
14. Chronic hepatitis B
15. Whipple's disease

Reauthorization Criteria:

All prior authorization renewals are reviewed on an annual basis to determine the Medical Necessity for continuation of therapy. Authorization may be extended at 1-year intervals based upon documentation from the prescriber that the member's condition has improved as a result of treatment.

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to 1 year
Reauthorization	Same as initial

If the established criteria are not met, the request is referred to a Medical Director for review.



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REFERENCES

1. Actimmune [package insert]. Brisbane, CA: InterMune, Inc.; January 2007
2. Immunodeficiency Disorders: Chronic Granulomatous Disease. The Merck Manuals Online Medical Library: The Merck Manual for Healthcare Professionals, updated April 2007. Accessed 9/14/07 at <http://www.merck.com/mmpe/print/sec13/ch164/ch164e.html>
3. Goldman. Osteosclerosis with Hyperostosis: Osteopetrosis. Cecil Textbook of Medicine. 22nd ed. St. Louis: W. B. Saunders Company; 2004
4. Seger RA. Modern management of chronic granulomatous disease. *British Journal of Haematology* 2008;140:255-266
5. Holland SM. Chronic granulomatous disease. *Clinic Rev Allerg Immunol* 2009;38:3-10

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
<i>Annual Review</i>	<i>02/17, 02/18</i>

