

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Actimmune (interferon gamma-1b)

CG-DRUG-100

Override	Approval Duration
Prior Authorization	1 year

Medication
Actimmune (interferon gamma-1b)

APPROVAL CRITERIA

Requests for Actimmune (interferon gamma-1b) **may be approved** for the treatment of **any** of the following conditions:

- I. Chronic granulomatous disease; **OR**
- II. Severe malignant osteopetrosis; **OR**
- III. Mycosis fungoides, including Sézary syndrome.

Actimmune (interferon gamma-1b) may **not** be approved when the criteria above are not met and for all other indications including, but not limited to, **any** of the following:

- I. Advanced ovarian or primary peritoneal cancer; **OR**
- II. Atopic dermatitis; **OR**
- III. Brain tumors; **OR**
- IV. Chronic hepatitis C; **OR**
- V. Friedreich's ataxia; **OR**
- VI. Idiopathic pulmonary fibrosis; **OR**
- VII. Invasive fungal infection, post-transplantation (for example, after hematopoietic stem cell or solid organ transplantation); **OR**
- VIII. Metastatic renal cell cancer; **OR**
- IX. Pulmonary tuberculosis.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

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State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

1. Actimmune [Product Information]. Dublin, Ireland (Roswell, GA). Horizon Pharma Ireland Ltd (HZNP USA Inc.); May 2017. Available at: <https://hznp.azureedge.net/public/prescribing-information-actimmune.pdf>. Accessed on February 26, 2018.
2. Interferon gamma-1b. In: DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated November 17, 2017. Available at: <http://www.micromedexsolutions.com>. Accessed on February 26, 2018.
3. Interferon gamma- 1b Monograph. Lexicomp® Online, American Hospital Formulary Service® (AHFS®) Online, Hudson, Ohio, Lexi-Comp., Inc. Last revised August 1, 2010. Accessed on February 26, 2018.
4. National Comprehensive Cancer Network®. NCCN Drugs & Biologic Compendium™ (electronic version). For additional information visit the NCCN website: <http://www.nccn.org>. Accessed on February 2, 2018.
5. NCCN Clinical Practice Guidelines in Oncology®. © 2018 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website at: <http://www.nccn.org/index.asp>. Accessed on February 26, 2018.
 - T-cell Lymphomas (V3.2018). Revised February 22, 2018.
6. Spagnolo P, Del Giovane C, Luppi F, et al. Non-steroid agents for idiopathic pulmonary fibrosis. Cochrane Database Syst Rev. 2010;(9):CD003134.
7. U.S. National Institutes of Health (NIH). ClinicalTrials.gov. Search results: interferon gamma-1b. Available at: <https://clinicaltrials.gov/ct2/results?cond=&term=interferon+gamma-1b&cntry=&state=&city=&dist=>. Accessed on February 26, 2018.

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