Actimmune (interferon gamma-1b)
DRUG.00084

**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. Mycosis fungoides, including Sézary syndrome; OR
III. Severe malignant osteopetrosis.

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.

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