

Policy Name:	Actimmune (interferon gamma-1b)	Policy #:	2412P
---------------------	--	------------------	--------------

Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Actimmune.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Actimmune under the Specialty Pharmacy benefit when the following criteria have been met.

Criteria

1. Criteria for Coverage for Chronic Granulomatous Disease

- 1.1 Diagnosis of Chronic Granulomatous Disease
- 1.2 Approval Time: 12 months

2. Criteria for Coverage for Malignant Osteopetrosis

- 2.1 Diagnosis of Malignant Osteopetrosis
- 2.2 Approval Time: 12 months

3. Criteria for Coverage if Used within a Chemotherapy Regimen

- 3.1 Requests should be reviewed by eviCore
- 3.2 See Oncology Regimen Review policy

CPT Codes

--	--

HCPCS Codes

J9216	Injection, interferon, gamma-1b, 3 million units
-------	--

References

1. Actimmune injection, subcutaneous (interferon gamma-1b) [prescribing information]. Deerfield, IL: Horizon Therapeutics USA Inc; March 2021.
2. Key LL, Rodriguiz RM, Willi SM, et al, "Long-Term Treatment of Osteopetrosis With Recombinant Human Interferon Gamma," N Engl J Med 1995, 332(24):1594-9.
3. Marciano BE, Wesley R, DeCarlo E, et al, "Long-Term Interferon-Gamma Therapy for Patients With Chronic Granulomatous Disease," Clin Infect Dis, 2004, 39(5):692-9.

Created Date: 08/05/15

Effective Date: 12/02/15

Posted to Website: 01/01/2022

Revision Date: 10/02/2024

DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.