### Actimmune (interferon gamma-1b)

**CG-DRUG-100**

<table>
<thead>
<tr>
<th>Override</th>
<th>Approval Duration</th>
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<td>Prior Authorization</td>
<td>1 year</td>
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**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.

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