

POLICY NAME	Actimmune (interferon gamma-1b)	POLICY #	2412P
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Criteria

Criteria for Coverage for Chronic Granulomatous Disease

- ☐ Diagnosis of Chronic Granulomatous Disease
- ☐ Approval Time: 12 months

Criteria for Coverage for Malignant Osteopetrosis

- ☐ Diagnosis of Malignant Osteopetrosis
- ☐ Approval Time: 12 months

Criteria for Coverage if Used within a Chemotherapy Regimen

- ☐ Requests should be reviewed by eviCore
- ☐ See Oncology Regimen Review policy CPT Codes HCPCS Codes J9216 Injection, interferon, gamma-1b, 3 million units