

<b>POLICY NAME</b>	Actimmune (interferon gamma-1b)	<b>POLICY #</b>	<b>2412P</b>
--------------------	---------------------------------	-----------------	--------------

## Criteria

### Criteria for Coverage for Chronic Granulomatous Disease

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

### Criteria for Coverage for Malignant Osteopetrosis

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

### 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