

ACTIMMUNE (Interferon Gamma-1B)

Pre - PA Allowance

None

Prior-Approval Requirements

Diagnoses

Patient must have ONE of the following:

- Serious infections associated with chronic granulomatous disease (CGD)
- 2. Severe, malignant osteopetrosis (SMO)

AND ALL of the following:

- a. Complete blood counts, differential and platelet counts completed prior to initiation and at three month intervals
- Renal and liver function tests completed prior to initiation and at three month intervals during treatment. In patients less than 1 year of age, liver function tests measured monthly.

Prior - Approval Limits

Duration 12 months

Prior – Approval Renewal Requirements

Diagnoses

Patient must have **ONE** of the following:

- 1. Decrease in the number of serious infections associated with chronic granulomatous disease (CGD)
- 2. Severe, malignant osteopetrosis (SMO)

AND ALL of the following:

- a. Complete blood counts, differential and platelet counts completed every three months
- Renal and liver function tests completed every three months. In patients less than 1 year of age, liver function tests measured monthly.

Prior - Approval Renewal Limits

Same as above