

Actimmune® (interferon gamma-1b)

When requesting Actimmune® (interferon gamma-1b), the individual requiring treatment must be diagnosed with an FDA-approved indication and meet the specific coverage guidelines and applicable safety criteria for the covered indication.

FDA-Approved Indications

Actimmune is indicated for:

- Reducing the frequency and severity of serious infections associated with chronic granulomatous disease (CGD)
- Delaying time to disease progression in patients with severe, malignant osteopetrosis

Coverage Guidelines

Chronic granulomatous disease Severe, malignant osteopetrosis

Does not have known hypersensitivity to interferon gamma, *E. coli* derived products, or any component of the product

Approval duration: 12 months

Dosing Recommendations

Actimmune is administered subcutaneously.

Body Surface Area (m ²)	Dose (mcg/m ²)	Frequency
Greater than 0.5 m ²	50 mcg/m ²	Three times weekly
Equal to or less than 0.5 m ²	1.5 mcg/kg/dose	Three times weekly

References

1. Actimmune [prescribing information]. Lake Forest, IL. Horizon Pharma USA, Inc. May 2017.
2. Klasco RK (Ed): DRUGDEX® system. Thomson Micromedex, Greenwood Village, CO. Accessed August 29, 2019. <https://www.micromedexsolutions.com>.
3. AHFS Drug Information. Actimmune. https://online.lexi.com/lco/action/doc/retrieve/docid/complete_ashp/413166?searchUrl=%2Flico%2Faction%2Fsearch%3Fq%3Dactimmune%26t%3Dname%26va%3Dactimmune#uses-nested-0 Accessed August 29, 2019.