

When requesting Alferon N[®] (interferon alfa-n3), the individual requiring treatment must be diagnosed with one of the following FDA-approved or approved off-label compendial requirements and meet the specific coverage guidelines and applicable safety criteria for the covered indications.

FDA-approved indication¹

- Condyloma acuminatum, refractory or recurring external genital warts

Approved Off-label Compendial uses¹

- No off-label uses meet evidence standards

Coverage Guidelines

Condyloma acuminatum¹

- Refractory or recurring external genital warts¹
- The individual does not have anaphylactic sensitivity to egg protein, neomycin, or mouse IgG

Approval duration: 16 weeks

Safety Criteria¹

- None

References

1. Klasco RK (Ed): DRUGDEX[®] System. Thomson Micromedex, Greenwood Village, CO. Accessed May 3, 2017. <http://www.micromedexsolutions.com>.