| Reference number(s) |
| --- |
| 1703-A |

# SPECIALTY GUIDELINE MANAGEMENT

## INTRON A (interferon alfa-2b)

**POLICY**

### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications
1. Malignant melanoma
2. Condylomata acuminata
3. Hairy cell leukemia
4. AIDS-related Kaposi sarcoma
5. Chronic hepatitis B virus infection
6. Chronic hepatitis C virus infection
7. Follicular non-Hodgkin's lymphoma

B. Compendial Uses
1. Adult T-cell leukemia/lymphoma (ATLL)
2. Renal cell carcinoma
3. Chronic myeloid leukemia (CML)
4. Ocular surface neoplasia (conjunctival and corneal neoplasm)

All other indications are considered experimental/investigational and not medically necessary.

### II. CRITERIA FOR INITIAL APPROVAL

**A. Malignant melanoma**
Authorization of 12 months may be granted for treatment of malignant melanoma.

**B. Adult T-cell leukemia/lymphoma (ATLL)**
Authorization of 12 months may be granted for treatment of adult T-cell leukemia/lymphoma (ATLL) when the requested medication is used in combination with zidovudine.

**C. Hairy cell leukemia**
Authorization of 6 months may be granted for treatment of hairy cell leukemia.

**D. Follicular lymphoma**
Authorization of 12 months may be granted for treatment of follicular lymphoma (clinically aggressive).

**E. Renal cell carcinoma**
Authorization of 12 months may be granted for treatment of renal cell carcinoma when the requested medication will be used in combination with bevacizumab.

**F. Condylomata acuminata**
Authorization of 12 months may be granted for treatment of condylomata acuminata.

**G. AIDS-related Kaposi sarcoma**
Authorization of 12 months may be granted for treatment of AIDS-related Kaposi sarcoma

**H. Chronic myeloid leukemia (CML)**
Authorization of 6 months may be granted for treatment of CML.

**I. Chronic hepatitis C virus infection**
Authorization of 16 weeks may be granted for treatment of chronic hepatitis C virus infection.

**J. Chronic hepatitis B (including hepatitis D virus co-infection) virus infection**
Authorization of 16 weeks may be granted for treatment of chronic hepatitis B (including hepatitis D virus co-infection) virus infection.

**K. Ocular surface neoplasia (conjunctival and corneal neoplasm)**
Authorization of 12 months may be granted for treatment of ocular surface neoplasia (conjunctival and corneal neoplasm).

## III. CONTINUATION OF THERAPY

**A. Chronic Hepatitis C**
Authorization of 52 weeks, up to a total of 96 weeks, may be granted for continued treatment of chronic hepatitis C when the member is receiving clinical benefit and there is no evidence of unacceptable toxicity while on the current regimen.

**B. Chronic Hepatitis B**
Authorization of up to a total of 24 weeks may be granted for continued treatment of chronic hepatitis B when the member is receiving clinical benefit and there is no evidence of unacceptable toxicity while on the current regimen.

**C. Hairy Cell Leukemia**
Authorization of up to a total of 6 months may be granted for continued treatment of hairy cell leukemia when the member is receiving clinical benefit and there is no evidence of unacceptable toxicity while on the current regimen.

**D. All Other Indications**
Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section II, other than hairy cell leukemia, chronic hepatitis C and chronic hepatitis B, when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

## IV. REFERENCES

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4. Shah SU, Kaliki S, Kim HJ, Lally SE, Shields JA, Shields CL. Topical Interferon Alfa-2b for Management of Ocular Surface Squamous Neoplasia in 23 Cases: Outcomes Based on American Joint Committee on Cancer Classification. *Arch Ophthalmol.* 2012;130(2):159–164.
5. Avastin [package insert]. South San Francisco, CA: Genentech, Inc.; January 2021.
6. American Academy of Ophthalmology (AAO). Ocular surface squamous neoplasia. EyeWiki. San Francisco, CA: AAO; last modified on November 8, 2017
7. Karp CL, Galor A, Chhabra S, Barnes SD, Alfonso EC. Subconjunctival/perilesional recombinant interferon alpha2b for ocular surface squamous neoplasia: a 10-year review. Ophthalmology. 2010;117(12):2241–6.
8. Shields CL, Kaliki S, Kim HJ, Al-Dahmash S, Shah SU, Lally SE, et al. Interferon for ocular surface squamous neoplasia in 81 cases: outcomes based on the American Joint Committee on Cancer classification. Cornea. 2013;32(3):248–56.