

Alpha Interferons

To Initiate a Coverage Review, call 1 800 753-2851

Covered Medications
<ul style="list-style-type: none"> ➤ Interferon alfacon-1 (<i>Infergen</i>[®]) ➤ Interferon alpha-2a (<i>Roferon</i>[®]) ➤ Interferon alpha-2b (<i>Intron-A</i>[®]) ➤ Interferon alpha-n3 (<i>Alferon</i>[®]) ➤ Interferon alpha-2b (<i>Intron</i>[®]) and Ribavirin (<i>Rebetol</i>[®]) [<i>Rebetron</i>[®]] ➤ Peginterferon alfa-2b (<i>PEG-Intron</i>[®]) ➤ Peginterferon alfa-2a (<i>Pegasys</i>[®])

What They Do and How They're Used
<ul style="list-style-type: none"> ➤ Interferons are a family of proteins that have complex antiviral, antineoplastic (anti-cancer), and immunomodulating activities, which may enhance or suppress the immune system. Interferons are often referred to as biologic response modifiers. They are used in the treatment of various neoplasms and viral infections. ➤ Interferon alfacon-1 is comprised of the most frequently repeating amino acid pairs occurring in the natural alpha interferon subtypes and is used to treat chronic hepatitis B and chronic hepatitis C. ➤ Pegylated interferons are modified by polyethylene glycol, resulting in a longer half-life (and duration of action) than non-pegylated interferons. Pegylated interferons can be dosed once weekly for the treatment of hepatitis B and hepatitis C. ➤ Chronic hepatitis C (CHC) is caused by a RNA virus that infects the liver. CHC infection can lead to cirrhosis, liver failure, and liver cancer. Treatment of hepatitis C is aimed at reducing the progression of the disease to cirrhosis and decreasing the risk of liver cancer by achieving a decrease in the hepatitis C viral level.

Rationale for Prior Authorization
To reduce exposure to cost associated with the use of alpha interferons for conditions for which their effectiveness is not known and to limit the length of treatment to the appropriate duration according to the indication for which the medication was prescribed.

Benefit Design
Coverage is determined through prior authorization for every claim

Prior Authorization Criteria
Coverage is provided for treatment of the following conditions: chronic hepatitis B, chronic hepatitis C, chronic myelogenous leukemia (CML), essential thrombocythemia, hairy cell leukemia, Kaposi's sarcoma, multiple myeloma, non-Hodgkin's lymphoma, condyloma acuminata (genital warts) and renal cell carcinoma.
<ul style="list-style-type: none"> ➤ Coverage is provided for <i>Alferon</i>[®] and other interferons for the treatment of condyloma acuminata in situations where conventional therapy (e.g., podophyllin or cryotherapy) has not been effective. ➤ Covered uses for <i>Infergen</i>[®] include chronic hepatitis B and chronic hepatitis C. ➤ <i>Peg-Intron</i>[®] and <i>Pegasys</i>[®] are covered for the treatment of chronic hepatitis B chronic hepatitis C. ➤ Coverage is provided for the treatment of Kaposi's sarcoma in the presence of a T-cell count $\geq 400/\text{mm}^3$ and in the absence of opportunistic infections. ➤ Coverage provided for the treatment of chronic hepatitis C as indicated by a positive hepatitis C viral level in accord with the following: <ul style="list-style-type: none"> • evidence of liver injury as determined by biopsy in situations where biopsy is not contraindicated or in situations where there are increased liver function tests (LFTs) • in the absence of contraindications to interferon therapy such as decompensated liver disease (i.e., situations where the liver associated side effects of interferon could potentially worsen a patient's condition) ➤ Coverage is not provided for concurrent use of more than one interferon product. <p>Coverage is provided for 6 or 12 months (depending on genotype) for the treatment or re-treatment of chronic hepatitis C. Coverage is provided for 6 or 12 months (depending on interferon product) for treatment of chronic hepatitis B. Coverage is provided for 6 or 12 months for other uses of interferon products approved by the plan.</p>

References
Product Information: Interferon alpha – 2b (<i>Intron-A</i> [®]) Schering-Plough, 2003.
Product Information: Interferon alpha – 2a (<i>Roferon</i> [®]) Hoffmann-LaRoche, 2001.
Product Information: Interferon alfacon-1 (<i>Infergen</i> [®]) Interimmun, 2003.
Product Information: Interferon alpha - 2b (<i>Intron-A</i> [®]) and ribavirin (<i>Rebetol</i> [®]) [<i>Rebetron</i> [®]] Schering Plough, 2003.
Product Information: Peginterferon alfa-2b (<i>PEG-Intron</i> [®]) Schering-Plough, 2004.
Product Information: Peginterferon alfa-2a (<i>Pegasys</i> [®]) Hoffman-La Roche, 2005.

Chronic Hepatitis B

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Chronic Hepatitis C

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