



## MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

# Pharmacy Medical Policy **Interferons Alpha and Gamma**

## Table of Contents

- [Policy: Commercial](#)
- [Policy: Medicare](#)
- [Coding Information](#)
- [Policy History](#)
- [Information Pertaining to All Policies](#)
- [References](#)
- [Endnotes](#)
- [Forms](#)

## Policy Number: 052

BCBSA Reference Number: None

## Related Policies

- For coverage of Peginterferon alfa-2a and alfa-2b for the treatment of Hepatitis C, please refer to Medical Policy #[344](#)
- Quality Care Dosing guidelines apply to the following medications and can be found in Medical Policy #[621A](#)

## Policy

### **Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity**

**Note:** All requests for outpatient retail pharmacy for indications listed and not listed on the medical policy guidelines may be submitted to BCBSMA Clinical Pharmacy Operations by completing the Prior Authorization Form on the last page of this document. Physicians may also call BCBSMA Pharmacy Operations department at (800)366-7778 to request a prior authorization/formulary exception verbally. Patients must have pharmacy benefits under their subscriber certificates.

## Prior Authorization Information

<input checked="" type="checkbox"/> <b>Prior Authorization</b> <input type="checkbox"/> <b>Step Therapy</b> <input checked="" type="checkbox"/> <b>Quality Care Dosing</b>		<b>Pharmacy Operations:</b> Tel: 1-800-366-7778 Fax: 1-800-583-6289
		Policy last updated   <b>7/1/2023</b>
Pharmacy (Rx) or Medical (MED) benefit coverage	<input checked="" type="checkbox"/> <b>Rx</b> <input type="checkbox"/> <b>MED</b>	<b>To request for coverage:</b> Physicians may call, fax, or mail the attached form ( <a href="#">Formulary Exception/Prior Authorization form</a> ) to the address below. <b>Blue Cross Blue Shield of Massachusetts Pharmacy Operations Department</b> 25 Technology Place Hingham, MA 02043  <b>Individual Consideration:</b> Policy for requests that do not meet clinical criteria of this policy, see section labeled <a href="#">Individual Consideration</a>
<b>Policy applies to Commercial Members:</b> <ul style="list-style-type: none"> <li>Managed Care (HMO and POS),</li> <li>PPO and Indemnity</li> <li>MEDEX with Rx plan</li> <li>Managed Major Medical with Custom BCBSMA Formulary</li> <li>Comprehensive Managed Major Medical with Custom BCBSMA Formulary</li> <li>Managed Blue for Seniors with Custom BCBSMA Formulary</li> </ul>		

Please refer to the chart below for the formulary and step status of the medications affected by this policy.

Drug	Formulary Information
	Standard
	Formulary Status
<b>Actimmune</b> <sup>®*^</sup> (interferon gamma-1b)	PA required
<b>Alferon-N</b> <sup>®</sup> (interferon alfa-n3)	PA required
<b>Infergen</b> <sup>®*^</sup> (interferon alfa con-1)	PA required
<b>Intron-A</b> <sup>®</sup> (interferon alfa-2b)	PA required
<b>Sylatron</b> <sup>™</sup> (peg-interferon alfa-2b)	PA required

\*^ - This Drug is part of Medications covered only under the pharmacy benefit program.

### Interferon alpha

We may cover interferon alpha for FDA-approved uses like the following:

- I. Genital warts (condylomata acuminata)
- II. Kaposi's sarcoma
- III. Chronic hepatitis B
- IV. Acute / Chronic hepatitis C<sup>5, 7,10,14</sup>
- V. Malignant melanoma.<sup>3</sup>

We may cover interferon alpha for the following "off-label" uses:<sup>1</sup>

- I. Chronic Myelogenous Leukemia (CML)<sup>11</sup> given alone as first-line therapy for patients in the first chronic phase of CML
- II. Multiple Myeloma: in previously untreated patients, when given in combination with cytotoxic agents as first-line therapy
- III. Multiple Myeloma which has previously responded to first-line therapy: given as maintenance treatment for multiple myeloma
- IV. Polycythemia vera<sup>6</sup>
- V. Idiopathic progressive polyneuropathy<sup>6</sup>
- VI. HIV and AIDS.<sup>8</sup>

We may cover interferon alpha in accordance with the Massachusetts state mandate for the following “off label” uses that are listed in the United States Pharmacopeia (USP)<sup>2</sup>. However, for some of these cancers, there is evidence that the use of interferon does not improve health, and may worsen quality of life<sup>1</sup>. Prior authorization is required.

- I. Cancers: bladder<sup>1</sup>, kidney<sup>1,4</sup> (renal), cervix<sup>4</sup>, brain<sup>4</sup>, colorectal<sup>1,4</sup>, head and neck<sup>4</sup>, ovary<sup>4</sup>, pancreas<sup>4</sup>, and 'bone (osteosarcoma)<sup>4</sup>
- II. Skin cancer<sup>4</sup>, malignant melanoma<sup>1</sup>, mycosis fungoides and cutaneous T-cell lymphoma<sup>4</sup>
- III. Recurrent respiratory laryngeal papillomatosis and laryngeal papilloma
- IV. Chronic lymphocytic leukemia (CLL)<sup>1,4</sup>
- V. Carcinoid syndrome.<sup>4</sup>

**Peginterferon alpha-2b (Sylatron™)**

We may cover Sylatron™ (peginterferon alpha 2b) for the adjuvant treatment of melanoma with microscopic or gross nodal involvement within 84 days of definitive surgical resection including complete lymphadenectomy.

**Interferon gamma**

We cover interferon gamma<sup>9</sup> only for FDA-approved uses including:

- I. Chronic Granulomatous Disease, to reduce the frequency and severity of infections, **OR**
- II. Delaying time to disease progression in patients with severe, malignant osteopetrosis (SMO).

Conditions not listed above are not covered, because there is not enough scientific data to show that health outcomes will be improved for other conditions.

**Other Information**

Blue Cross Blue Shield of Massachusetts (BCBSMA\*) members (other than Medex®; Blue MedicareRx, Medicare Advantage plans that include prescription drug coverage) will be required to fill their prescriptions for the above medications at one of the providers in our retail specialty pharmacy network, see link below:

[Link to Specialty Pharmacy List](#)

**Individual Consideration**

All our medical policies are written for the majority of people with a given condition. Each policy is based on medical science. For many of our medical policies, each individual’s unique clinical circumstances may be considered in light of current scientific literature. Physicians may send relevant clinical information for individual patients for consideration to:

Blue Cross Blue Shield of Massachusetts  
 Pharmacy Operations Department  
 25 Technology Place  
 Hingham, MA 02043  
 Tel: 1-800-366-7778  
 Fax: 1-800-583-6289

**Policy History**

Date	Action
7/2023	Updated to remove Rebetrone due to removal from Market.
10/2018	Clarified coding information.
8/2018	Clarified coding information.
5/2018	Updated to remove outdated diagnosis at the request of P & T Committee.
10/2017	Updated to change Walgreens Specialty Name.
7/2017	Updated to add AllCare to Pharmacy Specialty list.

6/2017	Updated address for Pharmacy Operations.
5/2017	Updated criteria for interferon Gamma.
10/2015	Updated to included revised language for Pharmacy only medications.
7/2015	Updated to add Walgreens Specialty.
7/2014	Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.
2/2014	Updated Onco360 name and removed Curascript in Specialty Pharmacy section.
1/2014	Updated ExpressPAth language and remove Blue Value.
6/2013	Update to correct ICD-9 list to include 288.1 (chronic granulomatous disease)
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
1/2012	Reviewed - Medical Policy Group - Neurology and Neurosurgery. No changes to policy statements.
1/2012	Updated to move criteria for Pegasys and PegIntron from policy and include in new Pharmacy Medical Policy #344 Hepatitis C medications.
10/2011	Reviewed - Medical Policy Group - Gastroenterology, Nutrition and Organ Transplantation. No changes to policy statements.
7/2011	Updated to include coverage criteria for new FDA approved medication Sylatron™ and to update Specialty Pharmacy contact information.
1/2011	Reviewed - Medical Policy Group - Neurology and Neurosurgery. No changes to policy statements.
11/2010	Reviewed - Medical Policy Group - Gastroenterology, Nutrition and Organ Transplantation. No changes to policy statements.
9/2010	Reviewed - Medical Policy Group - Hematology and Oncology. No changes to policy statements.
1/2010	Reviewed - Medical Policy Group - Neurology and Neurosurgery. No changes to policy statements.
11/2009	Reviewed - Medical Policy Group - Gastroenterology, Nutrition and Organ Transplantation. No changes to policy statements.
9/2009	Reviewed - Medical Policy Group - Hematology and Oncology. No changes to policy statements.
10/2009	Updated to remove Medicare Part D from policy and to reflect UM requirements.
1/2009	Reviewed - Medical Policy Group - Neurology and Neurosurgery. No changes to policy statements.
11/2008	Reviewed - Medical Policy Group - Gastroenterology, Nutrition and Organ Transplantation. No changes to policy statements.
10/2008	Reviewed - Medical Policy Group - Hematology and Oncology. No changes to policy statements.
2/2008	Updated to include additional retail pharmacy specialty network information.
1/2008	Reviewed - Medical Policy Group - Neurology and Neurosurgery. No changes to policy statements.
11/2007	Reviewed - Medical Policy Group - Gastroenterology, Nutrition and Organ Transplantation. No changes to policy statements.
9/2007	Reviewed - Medical Policy Group - Hematology and Oncology. No changes to policy statements.
6/2007	Updated to include information regarding retail pharmacy specialty network for medications commonly prescribed for oncology.
5/2007	Updated to remove covered indications, prior authorization, coding and footnotes 6, 7, 12 and 15 related to Interferon Beta based upon Pharmacy Services recommendations and development of retail pharmacy specialty network.
1/2007	Reviewed - Medical Policy Group - Neurology and Neurosurgery.

	No changes to policy statements.
10/21/1988	New policy, effective 10/21/1988, describing covered and non-covered indications.

### CPT Codes / HCPCS Codes / ICD Codes

*Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.*

*Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.*

*The following codes are included below for informational purposes only; this is not an all-inclusive list.*

**The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:**

### HCPCS Codes

HCPCS codes:	Code Description
J9212	Injection, interferon Alfacon-1, recombinant, 1 mcg (Infergen)
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units (Intron A, Rebetrone Kit)
J9215	Injection, interferon, alfa-N3, (human leukocyte derived), 250,000 IU (Alferon N)
J9216	Injection, interferon, gamma 1-b, 3 million units (Actimmune)

**The following ICD Diagnosis Codes are considered medically necessary when submitted with the HCPCS codes above if medical necessity criteria are met:**

### ICD-10 Diagnosis Codes

ICD-10-CM Diagnosis codes:	Code Description
A63.0	Anogenital (venereal) warts
B17.10	Acute hepatitis C without hepatic coma
B17.11	Acute hepatitis C with hepatic coma
B17.8	Other specified acute viral hepatitis
B18.0	Chronic viral hepatitis B with delta-agent
B18.1	Chronic viral hepatitis B without delta-agent
B18.2	Chronic viral hepatitis C
B19.20	Unspecified viral hepatitis C without hepatic coma
B19.21	Unspecified viral hepatitis C with hepatic coma
B20	Human immunodeficiency virus [HIV] disease
C19	Malignant neoplasm of rectosigmoid junction
C25.0	Malignant neoplasm of head of pancreas
C25.1	Malignant neoplasm of body of pancreas
C25.2	Malignant neoplasm of tail of pancreas
C25.3	Malignant neoplasm of pancreatic duct
C25.4	Malignant neoplasm of endocrine pancreas
C25.7	Malignant neoplasm of other parts of pancreas
C25.8	Malignant neoplasm of overlapping sites of pancreas
C25.9	Malignant neoplasm of pancreas, unspecified

C43.0	Malignant melanoma of lip
C43.10	Malignant melanoma of unspecified eyelid, including canthus
C43.111	Malignant melanoma of right upper eyelid, including canthus
C43.112	Malignant melanoma of right lower eyelid, including canthus
C43.121	Malignant melanoma of left upper eyelid, including canthus
C43.122	Malignant melanoma of left lower eyelid, including canthus
C43.20	Malignant melanoma of unspecified ear and external auricular canal
C43.21	Malignant melanoma of right ear and external auricular canal
C43.22	Malignant melanoma of left ear and external auricular canal
C43.30	Malignant melanoma of unspecified part of face
C43.31	Malignant melanoma of nose
C43.39	Malignant melanoma of other parts of face
C43.4	Malignant melanoma of scalp and neck
C43.51	Malignant melanoma of anal skin
C43.52	Malignant melanoma of skin of breast
C43.59	Malignant melanoma of other part of trunk
C43.60	Malignant melanoma of unspecified upper limb, including shoulder
C43.61	Malignant melanoma of right upper limb, including shoulder
C43.62	Malignant melanoma of left upper limb, including shoulder
C43.70	Malignant melanoma of unspecified lower limb, including hip
C43.71	Malignant melanoma of right lower limb, including hip
C43.72	Malignant melanoma of left lower limb, including hip
C43.8	Malignant melanoma of overlapping sites of skin
C43.9	Malignant melanoma of skin, unspecified
C44.00	Unspecified malignant neoplasm of skin of lip
C44.01	Basal cell carcinoma of skin of lip
C44.02	Squamous cell carcinoma of skin of lip
C44.09	Other specified malignant neoplasm of skin of lip
C44.101	Unspecified malignant neoplasm of skin of unspecified eyelid, including canthus
C44.1021	Unspecified malignant neoplasm of skin of right upper eyelid, including canthus
C44.1022	Unspecified malignant neoplasm of skin of right lower eyelid, including canthus
C44.1091	Unspecified malignant neoplasm of skin of left upper eyelid, including canthus
C44.1092	Unspecified malignant neoplasm of skin of left lower eyelid, including canthus
C44.111	Basal cell carcinoma of skin of unspecified eyelid, including canthus
C44.1121	Basal cell carcinoma of skin of right upper eyelid, including canthus
C44.1122	Basal cell carcinoma of skin of right lower eyelid, including canthus
C44.1191	Basal cell carcinoma of skin of left upper eyelid, including canthus
C44.1192	Basal cell carcinoma of skin of left lower eyelid, including canthus
C44.121	Squamous cell carcinoma of skin of unspecified eyelid, including canthus
C44.1221	Squamous cell carcinoma of skin of right upper eyelid, including canthus
C44.1222	Squamous cell carcinoma of skin of right lower eyelid, including canthus
C44.1291	Squamous cell carcinoma of skin of left upper eyelid, including canthus
C44.1292	Squamous cell carcinoma of skin of left lower eyelid, including canthus
C44.131	Sebaceous cell carcinoma of skin of unspecified eyelid, including canthus
C44.1321	Sebaceous cell carcinoma of skin of right upper eyelid, including canthus
C44.1322	Sebaceous cell carcinoma of skin of right lower eyelid, including canthus
C44.1391	Sebaceous cell carcinoma of skin of left upper eyelid, including canthus
C44.1392	Sebaceous cell carcinoma of skin of left lower eyelid, including canthus
C44.191	Other specified malignant neoplasm of skin of unspecified eyelid, including canthus
C44.1921	Other specified malignant neoplasm of skin of right upper eyelid, including canthus
C44.1922	Other specified malignant neoplasm of skin of right lower eyelid, including canthus

C44.1991	Other specified malignant neoplasm of skin of left upper eyelid, including canthus
C44.1992	Other specified malignant neoplasm of skin of left lower eyelid, including canthus
C44.201	Unspecified malignant neoplasm of skin of unspecified ear and external auricular canal
C44.202	Unspecified malignant neoplasm of skin of right ear and external auricular canal
C44.209	Unspecified malignant neoplasm of skin of left ear and external auricular canal
C44.211	Basal cell carcinoma of skin of unspecified ear and external auricular canal
C44.212	Basal cell carcinoma of skin of right ear and external auricular canal
C44.219	Basal cell carcinoma of skin of left ear and external auricular canal
C44.221	Squamous cell carcinoma of skin of unspecified ear and external auricular canal
C44.222	Squamous cell carcinoma of skin of right ear and external auricular canal
C44.229	Squamous cell carcinoma of skin of left ear and external auricular canal
C44.291	Other specified malignant neoplasm of skin of unspecified ear and external auricular canal
C44.292	Other specified malignant neoplasm of skin of right ear and external auricular canal
C44.299	Other specified malignant neoplasm of skin of left ear and external auricular canal
C44.300	Unspecified malignant neoplasm of skin of unspecified part of face
C44.301	Unspecified malignant neoplasm of skin of nose
C44.309	Unspecified malignant neoplasm of skin of other parts of face
C44.310	Basal cell carcinoma of skin of unspecified parts of face
C44.311	Basal cell carcinoma of skin of nose
C44.319	Basal cell carcinoma of skin of other parts of face
C44.320	Squamous cell carcinoma of skin of unspecified parts of face
C44.321	Squamous cell carcinoma of skin of nose
C44.329	Squamous cell carcinoma of skin of other parts of face
C44.390	Other specified malignant neoplasm of skin of unspecified parts of face
C44.391	Other specified malignant neoplasm of skin of nose
C44.399	Other specified malignant neoplasm of skin of other parts of face
C44.40	Unspecified malignant neoplasm of skin of scalp and neck
C44.41	Basal cell carcinoma of skin of scalp and neck
C44.42	Squamous cell carcinoma of skin of scalp and neck
C44.49	Other specified malignant neoplasm of skin of scalp and neck
C44.500	Unspecified malignant neoplasm of anal skin
C44.501	Unspecified malignant neoplasm of skin of breast
C44.509	Unspecified malignant neoplasm of skin of other part of trunk
C44.510	Basal cell carcinoma of anal skin
C44.511	Basal cell carcinoma of skin of breast
C44.519	Basal cell carcinoma of skin of other part of trunk
C44.520	Squamous cell carcinoma of anal skin
C44.521	Squamous cell carcinoma of skin of breast
C44.529	Squamous cell carcinoma of skin of other part of trunk
C44.590	Other specified malignant neoplasm of anal skin
C44.591	Other specified malignant neoplasm of skin of breast
C44.599	Other specified malignant neoplasm of skin of other part of trunk
C44.601	Unspecified malignant neoplasm of skin of unspecified upper limb, including shoulder
C44.602	Unspecified malignant neoplasm of skin of right upper limb, including shoulder
C44.609	Unspecified malignant neoplasm of skin of left upper limb, including shoulder
C44.611	Basal cell carcinoma of skin of unspecified upper limb, including shoulder
C44.612	Basal cell carcinoma of skin of right upper limb, including shoulder
C44.619	Basal cell carcinoma of skin of left upper limb, including shoulder
C44.621	Squamous cell carcinoma of skin of unspecified upper limb, including shoulder
C44.622	Squamous cell carcinoma of skin of right upper limb, including shoulder

C44.629	Squamous cell carcinoma of skin of left upper limb, including shoulder
C44.691	Other specified malignant neoplasm of skin of unspecified upper limb, including shoulder
C44.692	Other specified malignant neoplasm of skin of right upper limb, including shoulder
C44.699	Other specified malignant neoplasm of skin of left upper limb, including shoulder
C44.701	Unspecified malignant neoplasm of skin of unspecified lower limb, including hip
C44.702	Unspecified malignant neoplasm of skin of right lower limb, including hip
C44.709	Unspecified malignant neoplasm of skin of left lower limb, including hip
C44.711	Basal cell carcinoma of skin of unspecified lower limb, including hip
C44.712	Basal cell carcinoma of skin of right lower limb, including hip
C44.719	Basal cell carcinoma of skin of left lower limb, including hip
C44.721	Squamous cell carcinoma of skin of unspecified lower limb, including hip
C44.722	Squamous cell carcinoma of skin of right lower limb, including hip
C44.729	Squamous cell carcinoma of skin of left lower limb, including hip
C44.791	Other specified malignant neoplasm of skin of unspecified lower limb, including hip
C44.792	Other specified malignant neoplasm of skin of right lower limb, including hip
C44.799	Other specified malignant neoplasm of skin of left lower limb, including hip
C44.80	Unspecified malignant neoplasm of overlapping sites of skin
C44.81	Basal cell carcinoma of overlapping sites of skin
C44.82	Squamous cell carcinoma of overlapping sites of skin
C44.89	Other specified malignant neoplasm of overlapping sites of skin
C44.90	Unspecified malignant neoplasm of skin, unspecified
C44.91	Basal cell carcinoma of skin, unspecified
C44.92	Squamous cell carcinoma of skin, unspecified
C44.99	Other specified malignant neoplasm of skin, unspecified
C46.0	Kaposi's sarcoma of skin
C46.1	Kaposi's sarcoma of soft tissue
C46.2	Kaposi's sarcoma of palate
C46.3	Kaposi's sarcoma of lymph nodes
C46.4	Kaposi's sarcoma of gastrointestinal sites
C46.50	Kaposi's sarcoma of unspecified lung
C46.51	Kaposi's sarcoma of right lung
C46.52	Kaposi's sarcoma of left lung
C46.7	Kaposi's sarcoma of other sites
C46.9	Kaposi's sarcoma, unspecified
C53.0	Malignant neoplasm of endocervix
C53.1	Malignant neoplasm of exocervix
C53.8	Malignant neoplasm of overlapping sites of cervix uteri
C53.9	Malignant neoplasm of cervix uteri, unspecified
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C56.9	Malignant neoplasm of unspecified ovary
C64.1	Malignant neoplasm of right kidney, except renal pelvis
C64.2	Malignant neoplasm of left kidney, except renal pelvis
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles
C71.1	Malignant neoplasm of frontal lobe
C71.2	Malignant neoplasm of temporal lobe
C71.3	Malignant neoplasm of parietal lobe
C71.4	Malignant neoplasm of occipital lobe
C71.5	Malignant neoplasm of cerebral ventricle
C71.6	Malignant neoplasm of cerebellum



C71.7	Malignant neoplasm of brain stem
C71.8	Malignant neoplasm of overlapping sites of brain
C71.9	Malignant neoplasm of brain, unspecified
C76.0	Malignant neoplasm of head, face and neck
C82.50	Diffuse follicle center lymphoma, unspecified site
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes
C82.57	Diffuse follicle center lymphoma, spleen
C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites
C83.10	Mantle cell lymphoma, unspecified site
C83.11	Mantle cell lymphoma, lymph nodes of head, face, and neck
C83.12	Mantle cell lymphoma, intrathoracic lymph nodes
C83.13	Mantle cell lymphoma, intra-abdominal lymph nodes
C83.14	Mantle cell lymphoma, lymph nodes of axilla and upper limb
C83.15	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb
C83.16	Mantle cell lymphoma, intrapelvic lymph nodes
C83.17	Mantle cell lymphoma, spleen
C83.18	Mantle cell lymphoma, lymph nodes of multiple sites
C83.19	Mantle cell lymphoma, extranodal and solid organ sites
C83.70	Burkitt lymphoma, unspecified site
C83.71	Burkitt lymphoma, lymph nodes of head, face, and neck
C83.72	Burkitt lymphoma, intrathoracic lymph nodes
C83.73	Burkitt lymphoma, intra-abdominal lymph nodes
C83.74	Burkitt lymphoma, lymph nodes of axilla and upper limb
C83.75	Burkitt lymphoma, lymph nodes of inguinal region and lower limb
C83.76	Burkitt lymphoma, intrapelvic lymph nodes
C83.77	Burkitt lymphoma, spleen
C83.78	Burkitt lymphoma, lymph nodes of multiple sites
C83.79	Burkitt lymphoma, extranodal and solid organ sites
C83.80	Other non-follicular lymphoma, unspecified site
C83.81	Other non-follicular lymphoma, lymph nodes of head, face, and neck
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes
C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb
C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb
C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes
C83.87	Other non-follicular lymphoma, spleen
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites
C84.00	Mycosis fungoides, unspecified site
C84.01	Mycosis fungoides, lymph nodes of head, face, and neck
C84.02	Mycosis fungoides, intrathoracic lymph nodes
C84.03	Mycosis fungoides, intra-abdominal lymph nodes
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb
C84.06	Mycosis fungoides, intrapelvic lymph nodes

C84.07	Mycosis fungoides, spleen
C84.08	Mycosis fungoides, lymph nodes of multiple sites
C84.09	Mycosis fungoides, extranodal and solid organ sites
C84.90	Mature T/NK-cell lymphomas, unspecified, unspecified site
C84.91	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck
C84.92	Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes
C84.93	Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes
C84.94	Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb
C84.95	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb
C84.96	Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes
C84.97	Mature T/NK-cell lymphomas, unspecified, spleen
C84.98	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites
C84.99	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites
C84.A0	Cutaneous T-cell lymphoma, unspecified, unspecified site
C84.A1	Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck
C84.A2	Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes
C84.A3	Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes
C84.A4	Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb
C84.A5	Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C84.A6	Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes
C84.A7	Cutaneous T-cell lymphoma, unspecified, spleen
C84.A8	Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites
C84.A9	Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites
C84.Z0	Other mature T/NK-cell lymphomas, unspecified site
C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck
C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes
C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes
C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb
C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb
C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes
C84.Z7	Other mature T/NK-cell lymphomas, spleen
C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites
C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites
C86.0	Extranodal NK/T-cell lymphoma, nasal type
C86.1	Hepatosplenic T-cell lymphoma
C86.2	Enteropathy-type (intestinal) T-cell lymphoma
C86.3	Subcutaneous panniculitis-like T-cell lymphoma
C86.4	Blastic NK-cell lymphoma
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]
C90.00	Multiple myeloma not having achieved remission
C90.01	Multiple myeloma in remission
C90.02	Multiple myeloma in relapse
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission
C91.11	Chronic lymphocytic leukemia of B-cell type in remission
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse
C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission
C92.11	Chronic myeloid leukemia, BCR/ABL-positive, in remission
C92.12	Chronic myeloid leukemia, BCR/ABL-positive, in relapse
D03.0	Melanoma in situ of lip
D03.10	Melanoma in situ of unspecified eyelid, including canthus

D03.111	Melanoma in situ of right upper eyelid, including canthus
D03.112	Melanoma in situ of right lower eyelid, including canthus
D03.121	Melanoma in situ of left upper eyelid, including canthus
D03.122	Melanoma in situ of left lower eyelid, including canthus
D03.20	Melanoma in situ of unspecified ear and external auricular canal
D03.21	Melanoma in situ of right ear and external auricular canal
D03.22	Melanoma in situ of left ear and external auricular canal
D03.30	Melanoma in situ of unspecified part of face
D03.39	Melanoma in situ of other parts of face
D03.4	Melanoma in situ of scalp and neck
D03.51	Melanoma in situ of anal skin
D03.52	Melanoma in situ of breast (skin) (soft tissue)
D03.59	Melanoma in situ of other part of trunk
D03.60	Melanoma in situ of unspecified upper limb, including shoulder
D03.61	Melanoma in situ of right upper limb, including shoulder
D03.62	Melanoma in situ of left upper limb, including shoulder
D03.70	Melanoma in situ of unspecified lower limb, including hip
D03.71	Melanoma in situ of right lower limb, including hip
D03.72	Melanoma in situ of left lower limb, including hip
D03.8	Melanoma in situ of other sites
D03.9	Melanoma in situ, unspecified
D14.1	Benign neoplasm of larynx
D45	Polycythemia vera
D71	Functional disorders of polymorphonuclear neutrophils
E34.0	Carcinoid syndrome
G60.3	Idiopathic progressive neuropathy
Z21	Asymptomatic human immunodeficiency virus [HIV] infection status

## References

1. Davis GL, Esteban-Mur R, Rustgi V et al. Interferon alfa-2b alone or in combination with ribavirin for the treatment of relapse of chronic hepatitis C. *N Engl J Med* 1998; 339(21):1493-9.
2. McHutchison JG, Gordon SC, Schiff ER et al. Interferon alfa-2b alone or in combination with ribavirin as initial treatment for chronic hepatitis C. *N Engl J Med* 1998; 339(21):1485-92.
3. Liang TJ. Combination therapy for hepatitis C infection. *N Engl J Med* 1998; 339(21):1549-50.
4. Scott LJ, Perry CM. Interferon alpha 2b plus ribavirin: a review of its use in the management of chronic hepatitis C. *Drugs* 2002; 62(3):507-56.
5. Lindsay KL, Trepo C, Heintges T et al. A randomized, double-blind trial comparing pegylated interferon alfa-2b to interferon alfa-2b as initial treatment for chronic hepatitis C. *Hepatology* 2001; 34(2):395-403.
6. Reddy KR, Wright TL, Pockros PJ et al. Efficacy and safety of pegylated (40-kd) interferon alpha-2a compared with interferon alpha-2a in noncirrhotic patients with chronic hepatitis C. *Hepatology* 2001; 33(2):433-48.
7. Glue P, Rouzier-Panis R, Raffanel C et al. A dose-ranging study of pegylated interferon alfa-2b and ribavirin in chronic hepatitis C. The Hepatitis C Intervention Therapy Group. *Hepatology* 2000; 32(3):646-53.
8. Cornberg M, Wedemeyer H, Manns MP. Treatment of chronic hepatitis C with PEGylated interferon and ribavirin. *Curr Gastroenterol Rep* 2002; 4(1):23-30.
9. Shiffman ML, Di Bisceglie AM, Lindsay KL et al. Peginterferon alfa-2a and ribavirin in patients with chronic hepatitis C who have failed prior treatment. *Gastroenterology* 2004; 126(4):1015-23.
10. Chung RT, Andersen J, Volberding P et al. Peginterferon alfa-2a plus ribavirin versus interferon alfa-2a plus ribavirin for chronic hepatitis C in HIV-coinfected persons. *N Engl J Med* 2004; 351(5):451-9.

11. Torriani FJ, Rodriguez-Torres M, Rockstroh JK et al. Peginterferon alfa-2a plus ribavirin for chronic hepatitis C virus infection in HIV-infected patients. *N Engl J Med* 2004; 351(5):438-50.
12. Muir AJ, Bornstein JD, Killenberg PG. Peginterferon alfa-2b and ribavirin for the treatment of chronic hepatitis C in blacks and non-Hispanic whites. *N Engl J Med* 2004; 350(22):2265-71.
13. Pockros PJ, Carithers R, Desmond P et al. Efficacy and safety of two-dose regimens of peginterferon alpha-2a compared with interferon alpha-2a in chronic hepatitis C: a multicenter, randomized controlled trial. *Am J Gastroenterol* 2004; 99(7):1298-305.
14. Van Vlierberghe H, Leroux-Roels G, Adler M et al. Daily induction combination treatment with alpha 2b interferon and ribavirin or standard combination treatment in naïve chronic hepatitis C patients. A multicentre randomized controlled trial. *J Viral Hepat* 2003; 10(6):460-6.
15. Portal I, Bourliere M, Halfon P et al. Retreatment with interferon and ribavirin vs interferon alone according to viraemia in interferon responder-relapse hepatitis C patients: a prospective multicentre randomized controlled study. *J Viral Hepat* 2003; 10(3):215-23.
16. Poynard T, Marcellin P, Bissery A et al. Reinforced interferon alpha-2b and ribavirin is more effective than standard combination therapy in the retreatment of chronic hepatitis C previously nonresponse to interferon: a randomized trial. *J Viral Hepat* 2003; 10(3):197-204.
17. Hadziyannis SJ, Sette H, Morgan TR et al. Peginterferon-alpha2a and ribavirin combination therapy in chronic hepatitis C: a randomized study of treatment duration and ribavirin dose. *Ann Intern Med* 2004; 140(5):346-55.
18. Fried MW, Shiffman M, Sterling RK et al. A multicenter, randomized trial of daily high-dose interferon-alfa 2b for the treatment of chronic hepatitis C: pretreatment stratification by viral burden and genotype. *Am J Gastroenterol* 2000; 95(11):3225-9.

## Endnotes

1. Revised 9/95 to include the 9/95 Technology Evaluation Center's Medical Advisory Panel consensus assessing medical literature from 1985 to June 1995 which addressed IFN  $\alpha$ ,  $\beta$ , and  $\gamma$  for off-label uses in lymphomas, leukemias, and plasma cell tumors, and for off-label uses in solid tumors.
2. Revised 12/95 to include "off label" uses listed in the United States Pharmacopeia (USP) Drug Information, 16th Edition.
3. Revised 1/30/96 to include the December 5, 1995 FDA-approved indication of alpha interferon for malignant melanoma in patients 18 years of age or older with primary or recurrent malignant melanoma who are free of disease but at a high risk for systemic disease.
4. Effective 4/1/96. Revised 4/1/96 in accordance with local Medicare regulations section 2050.5 of the Carriers manual. See also: Medicare newsletter, April 1994 p. 21.
5. See Randomised trial of effects of IFN-alpha on incidence of hepatocellular carcinoma in chronic active hepatitis C with cirrhosis. Nishiguchi S et al. *Lancet* 1995 October 21;346:1051-5.
6. In accordance with CMS regulations, published in the February/March 1998 newsletter, pages 27-28.
7. Infergen™ (Interferon alfacon-1) is covered for indication specified by the FDA. Currently, Infergen is FDA-approved for chronic hepatitis C.
8. Off-label use in the treatment of AIDS and HIV as required by law.
9. *New England Journal of Medicine*, Vol.341, No. 17, October 1999, Ziesche 1999:
10. *Lancet* 1998 Jan 10;351:83-7. Randomised, double-blind, placebo-controlled trial of interferon alpha-2b with and without ribavirin for chronic hepatitis C. *Lancet* 1998 Jan 10; 351:78-9
11. *Blood*, Vol 94, No 5 (September 1), 1999: pp1517-1536. An Evidence-Based Analysis of the Effect of Busulfan, Hydroxyurea, Interferon, and Allogeneic Bone Marrow Transplantation in Treating the Chronic Phase of Chronic Myeloid Leukemia: Developed for the American Society of Hematology.
12. National Institutes of Health Consensus Development Conference Statement. Management of Hepatitis C: 2002. June 10-12 2002. Final Statement: Revisions made September 12, 2002. Accessed on 2/1/05. Available at: [http://consensus.nih.gov/cons/116/116cdc\\_intro.htm](http://consensus.nih.gov/cons/116/116cdc_intro.htm)
13. Strader DB, Wright T, Thomas DL, et al; American Association for the Study of Liver Diseases. Diagnosis, management and treatment of hepatitis C. *Hepatology*. 2004;39:1147-1171.
14. Based on Blue Cross Blue Shield Association National Policy 5.01.11 Treatment of Hepatitis C with Interferon and/or Ribavirin issued 4/05 and 12/05. the gold standard therapy. Therefore, no further review is scheduled for this policy.

**To request prior authorization using the Massachusetts Standard Form for Medication Prior Authorization Requests (eForm), click the link below:**

<http://www.bluecrossma.org/medical-policies/sites/g/files/csphws2091/files/acquiadam-assets/023%20E%20Form%20medication%20prior%20auth%20instruction%20prn.pdf>