INTRON A

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Length of Authorization</th>
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<tbody>
<tr>
<td>Intron A</td>
<td>interferon alfa-2B</td>
<td>6 months</td>
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Approvable Criteria:
1. Is the member 18 years of age or older?
   • If yes, continue to #2.
   • If no, do not approve.
2. Is the member diagnosed with one of the following conditions?
   b. Follicular non-Hodgkin’s lymphoma (NHL)
   c. Condylomata acuminata (genital or venereal warts).
   d. AIDS-related Kaposi’s sarcoma.
   e. Malignant melanoma.
   f. Chronic hepatitis B or C, with compensated (stable) liver disease.
      • If yes, approve for 6 months (see approvable dosing on following page).
      • If no, do not approve.

**SELF-ADMINISTERED – RX ONLY**

**SPECIALTY PHARMACY PRODUCT**

FDA Approved Indication:

**Hairy cell leukemia:** Indicated for the treatment of patients 18 years or older with hairy cell leukemia.

**Follicular Lymphoma (NHL):** Initial treatment of clinically aggressive follicular Non-Hodgkins lymphoma in conjunction with anthracycline-containing combination chemotherapy in patients 18 years of age or older.

**Malignant melanoma:** Adjuvant to surgical treatment in patients ≥ 18 years with malignant melanoma who are free of disease but at high risk for systemic recurrence within 56 days of surgery.

**Condylomata acuminata:** Intralocular treatment of external genital or perianal warts in select patients ≥ 18 years of age.

**AIDS-related Kaposi’s sarcoma:** In patients ≥ 18 years of age with AIDS-related Kaposi’s sarcoma.

**Chronic hepatitis C:** In patients ≥ 18 years of age with compensated liver disease and a history of blood or blood product exposure, or patients who are HCV-antibody-positive.

**Chronic hepatitis B:** In patients ≥ 18 years of age with compensated liver disease and a history of blood or blood product exposure, or patients who are HbsAg antibody-positive for 6 months and evidence of HBV replication with elevated serum ALT.

Continued on following page...
**Dosing and Administration:**

**Hairy cell leukemia:** 2 MU/m² IM or SC three 3 times a week for up to 6 months.

**Malignant melanoma:** 20 MU/m² by IV infusion, 5 days per week for 4 weeks followed by 10 MU/m² SC 3 times a week for 48 weeks.

**Follicular lymphoma (NHL):** 5 MU SC 3 times a week for up to 18 months in conjunction with an anthracycline-containing chemotherapy regimen.

**Condylomata Acuminata:** 1 MU per lesion 3 times weekly for 3 weeks.

**AIDS-Related Kaposi’s Sarcoma:** 30 MU/m² SC or IM 3 times a week until disease progression or maximal response has been achieved after 16 weeks of treatment.

**Chronic Hepatitis C:** 3 MU three times a week SC or IM. In patients tolerating therapy with normalization of ALT at 16 weeks treatment therapy should be extended to 18 to 24 months at 3 MU three times a week to improve sustained response rate. Patients that do not normalize their ALTs after 16 weeks of therapy may not be authorized further treatment.

**Chronic Hepatitis B:** (Adults) 30 to 35 MU per week SC or IM for 16 weeks. If patients respond at 16 weeks (normalization of ALT values), continue therapy to 18 – 24 months to improve sustained response. (Pediatric) 3 MU/m² SC three times per week times one week, followed by 6 MU/m² SC three times weekly for a total of 16 - 24 weeks.

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*References:*

- Intron A prescribing information 2004.