Medical Policy:
ALFERON N® (interferon alfa-n3)

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.216	August 16, 2023	

Definitions

Alferon N (interferon alfa-n3) is indicated for the intralesional treatment of refractory or recurring external condylomata acuminata in patients 18 years of age or older

Length of Authorization

Coverage will be provided for 8 weeks. Coverage may be renewed after 3 months after the initial 8 week course.

Dosing Limits [Medical Benefit]

Max Units (per dose and over time):

- 160 billable units per 56 days

Guideline

I. Initial Approval Criteria

Alferon N *may be considered medically necessary if one of the below conditions are met* ***AND*** *use is consistent with the medical necessity criteria that follows:*

1. **Condylomata acuminate**
    a. Patient must be 18 years of age and older; **AND**
    b. Patient must have a diagnosis of refractory or recurring external condylomata acuminate; **AND**
    c. Patient must have an adequate trial and failure of a chemical agent (podophyllin, trichloroacetic acid, or 5-fluoruracil epinephrine gel) AND imiquimod with an inadequate response or significant side effects/toxicity or must have a contraindication to these therapies (Step protocol not mandated for Medicare members)

Limitations/Exclusions

N/A

II. Renewal Criteria

All prior authorization renewals are reviewed on a case-by-case basis to determine the Medical Necessity for continuation of therapy. Authorization may be extended for an additional 2-month course based upon chart documentation from the prescriber that the member's condition has recurred and requires additional treatment.

Dosage/Administration

Indication	Dose
Condylomata acuminate	INTRALESIONAL injection of 0.05 mL (250,000 units)/wart twice weekly for up to 8 wk; MAX 0.5 mL/treatment session

Applicable Procedure Codes

Code	Description
J9215	Injection, interferon, alfa-n3, (human leukocyte derived), 250,000 IU

Applicable NDCs

Code	Description
54746-0001-01	vial, 1 ml Interferon Alfa-N3 (Human) (Murine) (Avian) 5,000,000U/1mL, Solution for injection

ICD-10 Diagnoses

Code	Description
A63.0	A63.0 Anogenital (venereal) warts

Revision History

Company(ies)	DATE	REVISION

EmblemHealth & ConnectiCare	8/16/2023	Annual Review: no criteria changes. Removal of "CCI ONLY" from policy name
EmblemHealth & ConnectiCare	3/17/2022	Transferred policy to new template
EmblemHealth & ConnectiCare	8/1/2019	Annual Review

References

1. Product Information: ALFERON N® injection, interferon alfa N3 injection. Hemispherx Biopharma Inc, Philadelphia, PA, 2019.
2. Clinical Pharmacology Elsevier Gold Standard. 2019.
3. Micromedex® Healthcare Series: Thomson Micromedex, Greenwood Village, Co. 2019.