104

Interferon-Gamma 1b 100mcg Solution for Subcutaneous Injection

Prescriber Criteria: Consultant Infectious Diseases Physician
Consultant Paediatrician
Consultant Respiratory Physician

Outpatient and Inpatient use:

1. Primary Immunodeficiency Disorder

As an adjunct therapy for the reduction of the frequency of serious infections in patients with chronic granulomatous disease (CGD)

Duration of Approval:
1 year