



MEDICATION POLICY

Generic Name: Dornase alfa

Therapeutic Class or Brand Name: Pulmozyme®

Applicable Drugs (if Therapeutic Class): N/A

Date of Origin: 2/1/13

Date Last Reviewed/Revised: 12/7/17

GPI Code: 4530402000

Prior Authorization Criteria (may be considered medically necessary when criteria I through III are met):

- I. Documented diagnosis of Cystic Fibrosis.
- II. The prescriber is a Pulmonologist or a physician with expertise in the care of patients with Cystic Fibrosis.
- III. For a request for twice daily (BID) Pulmozyme®, documentation must be submitted of an adequate trial of once daily (OD) dosing.

Exclusion Criteria:

- N/A

Other Criteria:

- The recommended dose for use in most cystic fibrosis patients is one 2.5 mg single-use ampule inhaled once daily using a recommended nebulizer. Some patients may benefit from twice daily administration.

Quantity/Days Supply Restrictions:

- One 30 unit carton per 30 days (unless BID dosing is approved, then two 30 unit cartons per 30 days).

Approval Length:

- **Authorization:** 6 months.
- **Re-Authorization:** An updated letter of medical necessity showing maintenance or improvement on medication.

Appendix:

N/A

References:

Disclaimer: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgment in providing the most appropriate care for their patients.



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1. <http://www.mdwise.org/MediaLibraries/MDwise/Files/For%20Providers/Tools%20and%20Resources/Pharmacy%20Resources/Specialty%20Drug/CysticFibrosisPA.pdf>.
2. <http://www.vchealthcareplan.org/providers/docs/padg/PULMOZYME.pdf>.
3. [Medi-Span](#).
4. http://www.gene.com/download/pdf/pulmozyme_prescribing.pdf.

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<i>Historical Tracking Of Changes Made To Policy</i>	
12/7/2017	1. Removed “ https://www.optumrx.com/rxsol/live/PAGDocs/Guideline_7289.pdf ” from References (link no longer valid).
9/29/2016	1. Policy reviewed: no changes made.
4/7/2015	1. Updated “ https://www.mdwise.org/docs/providerpharmacy/specialtydrugs/CysticFibrosisPA.pdf ” to “ http://www.mdwise.org/MediaLibraries/MDwise/Files/For%20Providers/Tools%20and%20Resources/Pharmacy%20Resources/Specialty%20Drug/CysticFibrosisPA.pdf ” under References .
2/13/2014	1. Adapted policy to new format. 2. Added GPI Code. 3. Updated references to include Medi-Span.

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