

PHARMACY POLICY STATEMENT

Georgia Medicaid

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| DRUG NAME | Pulmozyme (dornase alfa inhalation solution) |
| BILLING CODE | Must use valid NDC |
| BENEFIT TYPE | Pharmacy |
| SITE OF SERVICE ALLOWED | Home |
| STATUS | Prior Authorization Required |

Pulmozyme is a recombinant DNase enzyme indicated in conjunction with standard therapies for the management of cystic fibrosis patients to improve pulmonary function, initially approved by the FDA in 1993. Cystic fibrosis is an autosomal recessive disease in which patients can have abnormal airways secretions, chronic endobronchial infection, and progressive airway obstruction.

Pulmozyme (dornase alfa inhalation solution) will be considered for coverage when the following criteria are met:

Cystic Fibrosis

For **initial** authorization:

1. Member is at least 3 months of age; AND
2. Medication must be prescribed by or in consultation with a pulmonologist or an infectious disease specialist; AND
3. Member has a diagnosis of cystic fibrosis.
4. **Dosage allowed/Quantity limit:** 2.5 mg (1 ampule) inhaled once daily using a recommended jet nebulizer/compressor system, or eRapid Nebulizer System (30 ampules per 30 days).

If all the above requirements are met, the medication will be approved for 12 months.

For **reauthorization**:

1. Chart notes must show improvement or stabilized signs and symptoms of disease demonstrated by any of the following:
 - a) Improved FEV1 and/or other lung function tests
 - b) Improvement in sweat chloride
 - c) Decrease in pulmonary exacerbations
 - d) Decrease in pulmonary infections
 - e) Increase in weight-gain
 - f) Decrease in hospitalizations

If all the above requirements are met, the medication will be approved for an additional 12 months.

CareSource considers Pulmozyme (dornase alfa inhalation solution) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

| DATE | ACTION/DESCRIPTION |
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| 05/25/2017 | New policy for Pulmozyme created. Not covered diagnosis added. |
| 12/31/2020 | Updated verbiage of approved nebulizers. Diagnosis of cystic fibrosis added to initial criteria. |
| 04/28/2022 | Policy transferred to new template. Changed age limit from 5 years to 3 months. Removed FVC requirement. Updated references. |

References:

1. Pulmozyme [package insert]. South San Francisco, CA: Genentech Inc; 2021.
2. Mogayzel PJ Jr, Naureckas ET, Robinson KA, et al. Cystic fibrosis pulmonary guidelines. Chronic medications for maintenance of lung health. *Am J Respir Crit Care Med*. 2013;187(7):680-689. doi:10.1164/rccm.201207-1160oe.
3. Yang C, Montgomery M. Dornase alfa for cystic fibrosis. *Cochrane Database Syst Rev*. 2021;3(3):CD001127. Published 2021 Mar 18. doi:10.1002/14651858.CD001127.pub5

Effective date: 10/01/2022

Revised date: 04/28/2022