Pulmzyme (dornase alfa inhalation solution) is a preferred product and will only be considered for coverage under the pharmacy benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

### CYSTIC FIBROSIS

For **initial** authorization:
1. Member must be 5 years of age or older; AND
2. Medication must be prescribed by a pulmonologist or an infectious disease specialist; AND
3. Member has forced vital capacity (FVC) predicted > 40% documented in chart note.
4. **Dosage allowed:** 2.5 mg daily through selected jet nebulizers in conjunction with a Pulmo-Aide, Pari-Proneb, Mobilaire, Porta-Neb compressor system, or eRapid Nebulizer System. Some patients may benefit from twice daily administration.

*If member meets all the requirements listed above, the medication will be approved for 12 months.*

For **reauthorization**:
1. Member must be in compliance with all other initial criteria.

*If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.*

CareSource considers Pulmzyme (dornase alfa inhalation solution) not medically necessary for the treatment of the following disease states based on a lack of robust clinical controlled trials showing superior efficacy compared to currently available treatments:

- Atelectasis
- Parapneumonic pleural effusions and empyemas (adults)

### DATE | ACTION/DESCRIPTION
---|---
05/25/2017 | New policy for Pulmzyme created. Not covered diagnosis added.

 References:

Effective date: 08/09/2017
Revised date: 05/25/2017