

Policy Name:	Pulmozyme (dornase alfa)	Policy #:	1906P
---------------------	---------------------------------	------------------	--------------

Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Pulmozyme.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Pulmozyme under the specialty pharmacy benefit when the following criteria have been met.

Criteria

1. Criteria for use in Cystic Fibrosis

- 1.1 Diagnosis of cystic fibrosis
- 1.2 Concurrent use of at least ONE standard therapy of treatment
 - Pancreatic enzyme supplements
 - Bronchodilators (Serevent, Striverdi, levalbuterol)
 - Oral, inhaled, and/or parenteral antibiotics (azithromycin, tobramycin)

2. Approval Period

- 2.1 Initial Approval: 12 months
- 2.2 Subsequent Approvals: 2 years

CPT Codes

--	--

HCPCS Codes

--	--

References

1. Pulmozyme (dornase alfa) [prescribing information]. South San Francisco, CA: Genentech Inc; February 2024.
2. Yang C, Montgomery M. Dornase alfa for cystic fibrosis. Cochrane Database Syst Rev. 2018 Sep 6;9(9):CD001127.
3. Kapnadak SG, Dimango E, Hempstead SE, et al. Cystic Fibrosis Foundation consensus guidelines for the care of individuals with advanced cystic fibrosis lung disease. J Cyst Fibros. 2020 May;19(3):344-354.

Created Date: 06/06/12

Effective Date: 06/06/12

Posted to Website: 01/01/22

Revision Date: 06/05/24

DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.