DORNASE ALFA

Generic	Brand	HICL	GCN	Exception/Other
DORNASE ALFA	PULMOZYME	08832		

This drug requires a written request for prior authorization.

GUIDELINES FOR USE

1. Does the patient have a diagnosis of cystic fibrosis?

   If yes, continue to #2.
   If no, do not approve.
   DENIAL TEXT: Approval requires a diagnosis of cystic fibrosis and requests for twice daily dosing require a trial of once daily dosing.

2. Is the request for once daily dosing (30 ampules per month)?

   If yes, **approve for 12 months with a quantity limit of #30 ampules per month.**
   If no, continue to #3.

3. Has the patient tried once daily dosing (30 ampules per month per MRF or claims history)?

   If yes, **approve for 12 months with a quantity limit of #60 ampules per month.**
   If no, do not approve. **Enter a proactive authorization for 12 months with a quantity limit of #30 ampules per month.**
   DENIAL TEXT: Approval requires a diagnosis of cystic fibrosis and requests for twice daily dosing require a trial of once daily dosing.

RATIONALE

Promote appropriate utilization of Pulmozyme based on FDA approved indication.
Dosage: The recommended dose for use in most cystic fibrosis patients is one 2.5mg single-use ampule inhaled once daily using a recommended nebulizer. Some patients may benefit from twice daily administration.

FDA APPROVED INDICATION

Pulmozyme is indicated in conjunction with standard therapies in the management of cystic fibrosis patients to improve pulmonary function.

REFERENCE

- Genentech, Inc. Pulmozyme package insert. South San Francisco, CA. October 2010.

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STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

DORNASE ALFA

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 02/07/13

Created: 05/12
Client Approval: 01/13

P&T Approval: 05/12