

Clinical Policy: Dornase Alfa (Pulmozyme)

Reference Number: IN.CP.PHAR.212

Effective Date: 01.01.2022

Last Review Date: 12.21

Line of Business: Medicaid

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Dornase alfa (Pulmozyme®) is a recombinant DNase enzyme.

FDA Approved Indication(s)

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

In CF patients with a forced vital capacity $\geq 40\%$ of predicted, daily administration of Pulmozyme has also been shown to reduce the risk of respiratory tract infections requiring parenteral antibiotics.

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

I. Initial Approval Criteria

A. Cystic Fibrosis (must meet all):

1. Diagnosis of CF;
2. Prescribed by or in consultation with a pulmonologist, infectious disease or an expert in treatment of cystic fibrosis;
3. Dose does not exceed 5 mg (2 ampules) per day.

Approval duration: 12 months

B. Other diagnoses/indications

1. Refer to the off-label use policy for the relevant line of business if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): CP.PMN.53 for Medicaid.

II. Continued Therapy

A. Cystic Fibrosis (must meet all):

1. History of the requested agent within the past 365 days;
2. If request is for a dose increase, new dose does not exceed 5 mg (2 ampules) per day.

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2):

1. Currently receiving medication via Centene benefit and documentation supports positive response to therapy.

Approval duration: Duration of request or 6 months (whichever is less); or



2. Refer to the off-label use policy for the relevant line of business if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): CP.PMN.53 for Medicaid.

III. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

CF: cystic fibrosis

FDA: Food and Drug Administration

Appendix B: Contraindications/Boxed Warnings

- Contraindication(s): known hypersensitivity to dornase alfa, Chinese Hamster Ovary cell products, or any component of the product
- Boxed warning(s): none reported

Appendix C: General Information

- Dornase alfa is recommended for chronic use in both mild and moderate-to-severe disease per the American Thoracic Society 2013 CF guidelines.
- Severity of lung disease is defined by FEV₁ predicted as follows: normal, > 90% predicted; mildly impaired, 70-89% predicted; moderately impaired, 40-69% predicted; and severely impaired, < 40% predicted.

IV. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
CF	One 2.5 mg ampule inhaled QD; some patients may benefit from BID administration	5 mg/day

V. Product Availability

Inhalation solution in single-use ampules: 2.5 mg/2.5 mL

VI. References

1. Pulmozyme Prescribing Information. South San Francisco, CA: Genentech, Inc.; January 2018. Available at <https://www.pulmozyme.com>. Accessed November 9, 2020.
2. Mogayzel PJ, Naureckas ET, Robinson KA, et al. Cystic fibrosis pulmonary guidelines: Chronic medications for maintenance of lung health. Am J Respir Crit Care Med. April 1, 2013; 187(7): 680-689.

Coding Implications

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CLINICAL POLICY

Dornase Alfa



HCPCS Codes	Description
J7639	Dornase alfa, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created for IN Medicaid Moratorium.	12.2021	01.2022