

Prior Authorization Criteria  
**Pulmozyme (dornase alfa)**

All requests for Pulmozyme (dornase alfa) require a prior authorization and will be screened for medical necessity and appropriateness using the criteria listed below.

Coverage may be provided with a diagnosis of Cystic Fibrosis and the following criteria is met:

- Must be 3 months of age or older
- Must be prescribed by or in association with a pulmonologist or cystic fibrosis specialist
- Must meet one of the following criteria:
  - Age less than 12
  - Not currently taking Trikafta (elexacaftor/tezacaftor/ivacaftor) or Alyftrek (vanzacaftor/tezacaftor/deuticaftor)
  - Age  $\geq$  12 taking Trikafta or Alyftrek with moderate to severe lung disease (i.e. FEV  $\leq$  70) or continue to produce sputum
- Will be used in conjunction with standard cystic fibrosis therapies [e.g. oral, inhaled, and/or parenteral antibiotics; inhaled hypertonic saline; chest physiotherapy; bronchodilators; enzyme supplements/vitamins; oral or inhaled corticosteroids; other anti-inflammatory therapy (e.g. ibuprofen)]
- The requested dose and frequency is in accordance with FDA-approved labeling, nationally recognized compendia, and/or evidence-based practice guidelines.
- **Initial Duration of Approval:** 12 months
- **Reauthorization criteria**
  - Must continue to meet initial criteria above
  - Member is receiving clinical benefit based on the prescriber's assessment
- **Reauthorization Duration of Approval:** 12 months

Coverage may be provided for any non-FDA labeled indication if it is determined that the use is a medically accepted indication supported by nationally recognized pharmacy compendia or peer-reviewed medical literature for treatment of the diagnosis(es) for which it is prescribed. These requests will be reviewed on a case by case basis to determine medical necessity.

When criteria are not met, the request will be forwarded to a Medical Director for review. The physician reviewer must override criteria when, in their professional judgment, the requested medication is medically necessary.



Updated: 06/2025  
PARP Approved: 09/2025

## PULMOZYME (DORNASE ALFA) PRIOR AUTHORIZATION FORM

Please complete and fax all requested information below including any progress notes, laboratory test results, or chart documentation as applicable to Highmark Wholecare Pharmacy Services. **FAX:** (888) 245-2049

If needed, you may call to speak to a Pharmacy Services Representative. **PHONE:** (800) 392-1147 Mon – Fri 8:30am to 5:00pm

### PROVIDER INFORMATION

Requesting Provider:	Provider NPI:
Provider Specialty:	Office Contact:
State license #:	Office NPI:
Office Address:	Office Phone:
	Office Fax:

### MEMBER INFORMATION

Member Name:	DOB:	
Member ID:	Member weight:	Height:

### REQUESTED DRUG INFORMATION

Medication:	Strength:	
Directions:	Quantity:	Refills:

Is the member currently receiving requested medication?  Yes  No Date Medication Initiated:

### Billing Information

This medication will be billed:  at a pharmacy **OR**  medically, JCODE: \_\_\_\_\_

Place of Service:  Hospital  Provider's office  Member's home  Other

### Place of Service Information

Name:	NPI:
Address:	Phone:

### MEDICAL HISTORY (Complete for ALL requests)

Diagnosis:	ICD Code:
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For age 12 and older: Is Trikafta or Alytrek currently being used?

Yes – what is the current severity of lung disease?  mild (FEV > 70)  moderate-severe (FEV ≤ 70)  No

Will Pulmozyme be used in conjunction with standard cystic fibrosis therapies (e.g., inhaled saline, physiotherapy, bronchodilators, antibiotics, corticosteroids, anti-inflammatory agents)?  Yes  No

### CURRENT or PREVIOUS THERAPY

Medication Name	Strength/ Frequency	Dates of Therapy	Status (Discontinued & Why/Current)

### REAUTHORIZATION

Please indicate which of the following apply:

Improvement in symptoms  
 Decreased number of pulmonary infections and/or exacerbations

For age 12 and older: Is Trikafta or Alytrek currently being used?

Yes – what is the current severity of lung disease?  mild (FEV > 70)  moderate-severe (FEV ≤ 70)  No

Will Pulmozyme be used in conjunction with standard cystic fibrosis therapies (e.g., inhaled saline, physiotherapy, bronchodilators, antibiotics, corticosteroids, anti-inflammatory agents)?  Yes  No

### SUPPORTING INFORMATION or CLINICAL RATIONALE

Prescribing Provider Signature

Date



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