

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/deutacaftor)
 - Age ≥ 12 taking Trikafta or Alyftrek with moderate to severe lung disease (i.e. $FEV_1 \leq 70$) 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.

**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? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Medication Initiated:	

Billing Information

This medication will be billed: <input type="checkbox"/> at a pharmacy OR <input type="checkbox"/> medically, JCODE:
Place of Service: <input type="checkbox"/> Hospital <input type="checkbox"/> Provider's office <input type="checkbox"/> Member's home <input type="checkbox"/> Other

Place of Service Information

Name:	NPI:
Address:	Phone:

MEDICAL HISTORY (Complete for ALL requests)

Diagnosis:	ICD Code:
For age 12 and older: Is Trikafta or Alytrek currently being used? <input type="checkbox"/> Yes – what is the current severity of lung disease? <input type="checkbox"/> mild (FEV > 70) <input type="checkbox"/> moderate-severe (FEV ≤ 70) <input type="checkbox"/> No	
Will Pulmozyme be used in conjunction with standard cystic fibrosis therapies (e.g., inhaled saline, physiotherapy, bronchodilators, antibiotics, corticosteroids, anti-inflammatory agents)? <input type="checkbox"/> Yes <input type="checkbox"/> 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



Updated: 06/2025
PARP Approved: 09/2025