

POLICY NAME	Pulmozyme (dornase alfa)	POLICY #	1906P
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Criteria

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)