

POLICY NAME	Arikayce (amikacin liposomal)	POLICY #	2685P
--------------------	-------------------------------	-----------------	-------

Criteria

Coverage Criteria

- ☐ **1.1** Documented diagnosis of Mycobacterium avium complex (MAC) lung disease
- ☐ **1.2** Sputum, or lung secretion, sample is positive for the infection
- ☐ **1.3** Sputum samples are still positive after at least 6 months in a row of using multiple drugs for MAC lung disease
 - Examples are: clarithromycin (or azithromycin), rifampin, and ethambutol
- ☐ **1.4** Documentation that Arikayce will be used as part of a multi-drug regimen with the Lamira Nebulizer system
- ☐ **1.5** Prescribed by or in consultation with a pulmonologist (lung doctor) or infectious disease specialist

Exclusion Criteria – Any of the following prevents coverage

- ☐ **3.1** Arikayce will not be covered for patients with non-refractory MAC lung disease
 - Amikacin oral inhalation has only been studied in patients with refractory MAC lung disease defined as patients who did not achieve negative sputum cultures after a minimum of 6 consecutive months of a multidrug background regimen therapy. The use of amikacin is not recommended for patients with non-refractory MAC lung disease.
- ☐ **3.2** Contraindicated in patients with a known hypersensitivity to any aminoglycoside