

Pharmacy Drug Policy Checklist

POLICY NAME Arikayce (amikacin liposomal) POLICY # 2685P

Criteria

Exclusion Criteria – Any of the following prevents coverage	
	3.2 Contraindicated in patients with a known hypersensitivity to any aminoglycoside
Cov	erage 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 diseaseExamples 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
Qua	ntity Limit
	2.1 A Managed Dose Limit will be in place to limit to 30 vials every 30 days