VENTURA COUNTY HEALTH CARE PLAN

## NEBULIZERS: COVERAGE OF

**Policy**

VCHCP covers nebulizers for home use when one or more of the following criteria are met:

1. Small Volume Nebulizer (Standard Nebulizer)

   The use of a small volume nebulizer and related compressor is considered medically necessary durable medical equipment (DME) for *any* of the following indications:

   a) To administer antibiotics (gentamicin, amikacin, or tobramycin,***) to members with cystic fibrosis or bronchiectasis

   b) To administer beta-adrenergics (albuterol, isoproterenol, isoetharine, levalbuteral, metaproterenol), anticholinergics (ipratropium), corticosteroids (budesonide), and cromolyn for the management of obstructive pulmonary diseases (chronic bronchitis, emphysema, asthma, etc.);* *or*

   c) To administer dornase alfa (Pulmozyme)** to members with cystic fibrosis (Note: the use of Pulmozyme for non-cystic fibrosis indications is considered experimental and investigational); *or*

   d) To administer mucolytics (other than dornase alpha) (acetylcysteine) for persistent thick or tenacious pulmonary secretions; *or*

   e) To administer pentamidine to members with HIV, pneumocystosis, or complications of organ transplants.

   f) To administer aztreonam inhalation solution (Cayston) to persons with cystic fibrosis with *Pseudomonas aeruginosa*

   Small volume nebulizers and related compressors are considered experimental and investigational for all other indications.

   * For criterion (a) to be met, the physician must have considered use of a metered dose inhaler (MDI) with and without a reservoir or spacer device and decided that, for medical reasons, it was not sufficient for the administration of needed inhalation drugs.

   ** More than one nebulizer may be considered medically necessary for members who are prescribed nebulized dornase alpha (Pulmozyme) plus other nebulized medications. The Food and Drug Administration (FDA)-approved product labeling of dornase alpha instructs that it should not be diluted or mixed with other drugs in the nebulizer. The

labeling explains that mixing of dornase alpha with other drugs could lead to adverse physicochemical and/or functional changes in dornase alpha or the admixed compound.

2. Ultrasonic Nebulizers:

The use of ultrasonic nebulizers is considered medically necessary DME for delivery of tobramycin (Tobi) for members with cystic fibrosis who meet the criteria for a standard nebulizer.

Because there is no proven medical benefit to nebulizing particles of other drugs to diameters smaller than achievable with a pneumatic model, ultrasonic nebulizers are considered medically necessary only when all of the following criteria are met:

1. The member meets the criteria for a standard nebulizer; *and*
2. The primary care physician and specialist indicate that the member has been compliant with other nebulizer and medication therapy; *and*
3. The use of a standard nebulizer has failed to control the member's disease and prevent the member from utilizing the hospital or emergency room.

Ultrasonic nebulizers are considered experimental and investigational for all other indications.

## I. Coverage for Replacement of nebulizers is considered on an individual basis if BOTH of the following criteria are met:

- The warranty has expired.
- The Primary Care Physician and/or Specialist confirms that the member has been compliant with the nebulizer and anticipates the need for continued use to prevent a hospital admission or emergency room visits.

## II. Portable Nebulizers

If a portable nebulizer is requested in lieu of a standard nebulizer, and the coverage criteria for a standard nebulizer are met, coverage will be based on cost of a standard nebulizer.

**Procedure:** A treatment authorization (TAR) should be submitted to UR for approval

**Place of Service:** Outpatient

**A. Attachments:** None

**B. History:**

Reviewers: R. Ashby MD, L. Catapang RN, QA Committee; Date: Aug 2001
Reviewed/Revised: S. Haas, MD & C. Wilhelmy, MD; Date: Aug 2005
Committee Review: UM Date: 08/08/05; QAC: Date: 08/23/05
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| 2/9/17 | No | Catherine Sanders, MD; Robert Sterling, MD | Annual Review |
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| 2/14/19 | No | Catherine Sanders, MD; Robert Sterling, MD | Annual Review |
| 2/13/20 | No | Howard Taekman, MD; Robert Sterling, MD | Annual Review |

**C. References:**

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2. *NHLBI's Report of the Second Expert Panel on the Guidelines for the Diagnosis and Management of Asthma, 1997*
3. *Simon HK. Caregiver knowledge and delivery of a commonly prescribed medication (albuterol) for children. Arch Pediatr Adolesc Med 1999 Jun;153(6):615-8.*
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5. *Geoffroy P, Lalonde RL, Ahrens R, Clarke W, et al. Clinical comparability of albuterol delivered by the breath-actuated inhaler (Spiros) and albuterol by MDI in patients with asthma. Ann Allergy Asthma Immunol 1999 Apr;82(4):377-82.*
6. *Aggarwal AN. Aerosol delivery in acute asthma: inhaler or nebulizer [letter] Indian Pediatr 1998 Sep;35(9):929-30.*
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9. *Tonnel A. Role of nebulizers in asthma. Rev Pneumol Clin 1998 Jan;54 Suppl 1:S24-5.*
10. *Pearce L. A guide to asthma inhalers. Nurs Times 1998 Mar 4-10;94(9):suppl 1-5.*
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12. *Demoly P, Jaffuel D, Sahla H, Bousquet J, et al. The use of home nebulizers in adult asthma. Respir Med 1998 Apr;92(4):624-7.*