



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Arikayce™ (amikacin liposome inhalation)

Review Criteria

Member must meet all the following criteria:

- Subject to Preferred Drug List requirements
- Member must be 18 years of age or older
- Member has limited or no alternative treatment options of treatment of mycobacterium avium complex (MAC) lung disease or has received a combination antibacterial drug regimen AND did not achieve negative sputum cultures after a minimum of six consecutive months of multi-drug background drug therapy