Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	КҮ	MD	NJ	NV	NY	TN	TX	WA
Applicable	Х	Х	NA	NA	Х	NA	Х	Х	Χ	Х	Χ	NA	NA	NA

<sup>\*</sup>FHK- Florida Healthy Kids

## Arikayce (amikacin liposome inhalation suspension)

Override(s)	Approval Duration
Prior Authorization	1 year
Quantity Limit	

Medications	Quantity Limit
Arikayce (amikacin liposome inhalation	May be subject to quantity limit
suspension) 590 mg/8.4 ml vial	

## **APPROVAL CRITERIA**

Requests for Arikayce (amikacin) may be approved if the following criteria are met:

- I. Individual has a diagnosis of Mycobacterium avium complex (MAC) lung disease; AND
- II. Individual has received at least six consecutive months of treatment with a multidrug antibacterial regimen and has not achieved negative sputum cultures; **AND**
- III. Individual is using in combination with other antibacterial agents.

Arikayce (amikacin) may **not** be approved for the following:

- I. Individual is using in combination with an intravenous aminoglycoside (such as amikacin or streptomycin) (Griffith 2018); **OR**
- II. Individual has MAC isolates with amikacin resistance (minimum inhibitory concentration [MIC] >64 μg/mL) (Griffith 2018).

## Note:

Arikayce has a black box warning for risk of increased respiratory adverse reactions. Arikayce has been associated with respiratory adverse reactions including hypersensitivity pneumonitis,

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Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	Х	Х	NA	NA	Х	NA	Х	Х	Х	Х	Х	NA	NA	NA

<sup>\*</sup>FHK- Florida Healthy Kids

hemoptysis, bronchospasm and exacerbation of underlying pulmonary disease that has led to hospitalization.

State Specific Mandates								
State name	Date effective	Mandate details (including specific bill if applicable)						
N/A	N/A	N/A						

## Key References:

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