

SPECIALTY GUIDELINE MANAGEMENT

tobramycin inhalation solution/TOBI TOBI Podhaler (tobramycin inhalation powder) Bethkis (tobramycin inhalation solution) Kitabis Pak (tobramycin inhalation solution)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications

Management of cystic fibrosis in patients with *Pseudomonas aeruginosa*

B. Compendial Uses

Pseudomonas aeruginosa lower respiratory tract infection in patients with non-cystic fibrosis bronchiectasis

All other indications are considered experimental/investigational and are not medically necessary.

II. CRITERIA FOR INITIAL APPROVAL

A. **Cystic Fibrosis**

Authorization of 12 months may be granted for members with cystic fibrosis when *Pseudomonas aeruginosa* is present in airway cultures OR the member has a history of *Pseudomonas aeruginosa* infection or colonization in the airways.

B. **Bronchiectasis (Non-Cystic Fibrosis)**

Authorization of 12 months may be granted for members with non-cystic fibrosis bronchiectasis when *Pseudomonas aeruginosa* is present in airway cultures OR the member has a history of *Pseudomonas aeruginosa* infection or colonization in the airways.

III. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section II who are experiencing benefit from therapy as evidenced by disease stability or disease improvement.

IV. REFERENCES

1. Tobramycin inhalation solution [package insert]. Sellersville, PA: Teva Pharmaceuticals USA; April 2020.
2. TOBI [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; October 2018.
3. TOBI Podhaler [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; July 2020.
4. Bethkis [package insert]. Woodstock, IL: Chiesi USA, Inc.; December 2019.
5. Kitabis Pak [package insert]. Midlothian, VA: PARI Respiratory Equipment, Inc.; November 2019.

Tobramycin Inhalation 1887-A SGM P2021

© 2021 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

Reference number(s)
1887-A

6. Micromedex® (electronic version). IBM Watson Health, Greenwood Village, Colorado. Available at <https://www.micromedexsolutions.com> Accessed December 8, 2020.
7. Mogayzel PJ, Naureckas ET, Robinson KA, et al. Cystic fibrosis pulmonary guidelines. Chronic medications for maintenance of lung health. *Am J Respir Crit Care Med*. 2013;187:680-689.
8. Rosen, MJ. Chronic cough due to bronchiectasis: ACCP Evidence-Based Clinical Practice Guidelines. *Chest*. 2006;129:122S-131S.