Effective Date: 7/2018
Revised: 10/2019 Reviewed: 7/2018, 10/2019, 08/2020, 4/2021, 3/2022, 4/2023, 3/2024 Scope: Medicaid

Tobramycin Inhalation Solution

POLICY

INITIAL CRITERIA

The requested drug will be covered for 12 months with prior authorization when the following criteria are met:

- Patient is 6 years of age or older
  AND
- The requested drug is being prescribed for the management of cystic fibrosis in patients with Pseudomonas aeruginosa
  OR
- The requested drug is being prescribed for the treatment of non-cystic fibrosis bronchiectasis and chronic bronchial infection with Pseudomonas aeruginosa

CONTINUATION OF THERAPY

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

QUANTITY LIMIT

- 280 ml per 28 days

REFERENCES

1. Tobramycin inhalation solution [package insert]. Parsippany, NJ: Teva Pharmaceuticals USA; February 2023.