

Bronchitol (mannitol)

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

Medications	Quantity Limit
Bronchitol (mannitol)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Bronchitol (mannitol) may be approved if the following criteria is met:

- I. Individual is 18 years of age or older; **AND**
- II. Individual has a diagnosis of cystic fibrosis and is using as adjunctive therapy to improve pulmonary function; **AND**
- III. Individual has completed and passed the Bronchitol Tolerance Test; **AND**
- IV. Individual has a confirmed prescription for short-acting bronchodilator and will be administering prior to every dose of Bronchitol; **AND**
- V. Individual has a trial and inadequate response or intolerance to inhaled hypertonic saline (Mogayzel 2013).

Bronchitol (mannitol) may not be approved for the following:

- I. Concurrent use with inhaled hypertonic saline.

Key References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: April 3, 2021.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2021; Updated periodically.
4. Mogayzel PJ, Naureckas ET, Robinson KA, et al. Cystic fibrosis pulmonary guidelines. Chronic medication for maintenance of lung health. *Am J Respir Crit Care Med*. 2013; 187:680-89.
5. Simon RH. Cystic fibrosis: Overview of the treatment of lung disease. Last updated: January 29, 2021. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. Accessed: April 2, 2021.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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