BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINE

BETHKIS® (tobramycin) 300mg/4mL inhalation solution
KITABIS™ PAK (tobramycin) 300mg/5mL inhalation solution
TOBI® (tobramycin) 300mg/5mL inhalation solution
TOBI® PODHALER® (tobramycin) 28mg capsule inhalation powder

This Pharmacy Coverage Guideline (PCG):
- Provides information about the reasons, basis, and information sources we use for coverage decisions
- Is not an opinion that a drug (collectively "Service") is clinically appropriate or inappropriate for a patient
- Is not a substitute for a provider's judgment (Provider and patient are responsible for all decisions about appropriateness of care)
- Is subject to all provisions e.g. (benefit coverage, limits, and exclusions) in the member's benefit plan; and
- Is subject to change as new information becomes available.

Scope
- This PCG applies to Commercial and Marketplace plans
- This PCG does not apply to the Federal Employee Program, Medicare Advantage, Medicaid or members of out-of-state Blue Cross and/or Blue Shield Plans

Instructions & Guidance
- To determine whether a member is eligible for the Service, read the entire PCG.
- This PCG is used for FDA approved indications including, but not limited to, a diagnosis and/or treatment with dosing, frequency, and duration.
- Use of a drug outside the FDA approved guidelines, refer to the appropriate Off-Label Use policy.
- The "Criteria" section outlines the factors and information we use to decide if the Service is medically necessary as defined in the Member's benefit plan.
- The "Description" section describes the Service.
- The "Definition" section defines certain words, terms or items within the policy and may include tables and charts.
- The "Resources" section lists the information and materials we considered in developing this PCG
- **We do not accept patient use of samples as evidence of an initial course of treatment, justification for continuation of therapy, or evidence of adequate trial and failure.**
- Information about medications that require prior authorization is available at www.azblue.com/pharmacy. You must fully complete the request form and provide chart notes, lab workup and any other supporting documentation. The prescribing provider must sign the form. Fax the form to BCBSAZ Pharmacy Management at (602) 864-3126 or email it to Pharmacyprecert@azblue.com.

Criteria:

➢ **Criteria for initial therapy:** Bethkis, Kitabis Pak, Tobi, or Tobi Podhaler is considered ***medically necessary*** and will be approved when **ALL** of the following criteria are met:

1. Prescriber is a physician specializing in the patient's diagnosis or is in consultation with a Pulmonologist or Infectious Disease Specialist

2. Individual is 6 years of age or older

3. Individual has a confirmed diagnosis of ***Pseudomonas aeruginosa*** **infection of the lungs of an individual with cystic fibrosis (CF)**

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4. Cultures of airway demonstrate *Pseudomonas aeruginosa* is sensitive to tobramycin (*copy of culture report must be sent*)

5. **For Bethkis, Kitabis PAK, Tobi, and Tobi Podhaler**: Individual has failure, contraindication per FDA label, intolerance or is not a candidate for **generic tobramycin inhalation solution**

6. Individual **IS NOT** colonized with *Burkholderia cepacia*

7. Individual has adequate renal function (serum creatinine is < 2 mg/dL)

8. FEV1 percent predicted is:
    a. For Bethkis: greater than 40% and less than 80%
    b. For Kitabis PAK and TOBI: greater than 25% and less than 75%
    c. For TOBI PODHALER: greater than 25% and less than 80%

9. There are **NO** FDA-label contraindications such as known hypersensitivity to **ANY** aminoglycoside

Initial approval duration: 6 months to be used every other month

- **Criteria for continuation of coverage (renewal request):** Bethkis, Kitabis Pak, Tobi, or Tobi Podhaler are considered ***medically necessary*** and will be approved when **ALL** the following criteria are met: **(samples are not considered for continuation of therapy)**:

1. Individual continues to be seen by a physician specializing in the patient's diagnosis or is in consultation with a Pulmonologist or Infectious Disease Specialist

2. Individual has documentation of positive clinical response to therapy defined as **ONE** of the following:
    a. Reduction in symptoms of cough, wheezing, and sputum production
    b. Achieved and maintains at least a 10% improvement in FEV_1
    c. Fewer hospitalization due to infection with *Pseudomonas aeruginosa*
    d. Decrease in pulmonary exacerbations due to Pseudomonas aeruginosa that required parenteral anti-pseudomonal antibiotics

3. Individual has been adherent with the medication

4. Individual has not developed any contraindications or other significant adverse drug effects that may exclude continued use as follows:
    a. Contraindications as listed in the criteria for initial therapy section
    b. Significant adverse effect such as:
        i. Ototoxicity
        ii. Nephrotoxicity
        iii. Neuromuscular disorders presenting as muscle weakness
        iv. Bronchospasm

5. There are no significant interacting drugs

Renewal duration: 12 months to be used every other month

- Criteria for a request for non-FDA use or indication, treatment with dosing, frequency, or duration outside the FDA-approved dosing, frequency, and duration, refer to one of the following Pharmacy Coverage Guideline:

1. **Off-Label Use of Non-Cancer Medications**
2. **Off-Label Use of Cancer Medications**

Description:

Bethkis (tobramycin inhalation solution), Kitabis PAK (tobramycin inhalation solution), TOBI (tobramycin nebulizer solution), TOBI PODHALER (tobramycin inhalation powder), and tobramycin inhalation solution generics all contain tobramycin as the active ingredient intended for delivery by oral inhalation.

Tobramycin by oral inhalation is indicated for the management of cystic fibrosis individuals 6 years of age or older with *Pseudomonas aeruginosa* infection.

Tobramycin is an aminoglycoside antibiotic produced by *Streptomyces tenebrarius*. It acts by disrupting protein synthesis, leading to altered cell membrane permeability, progressive disruption of the cell envelope, and eventual cell death.

Tobramycin has *in-vitro* activity against a wide range of gram-negative organisms including *Pseudomonas aeruginosa*. It is bactericidal at concentrations equal to or slightly greater than inhibitory concentrations.

Resources:

Bethkis (tobramycin inhalation solution) 300mg/4mL product information, revised by Chiesi USA, Inc 02-2023. Available at DailyMed http://dailymed.nlm.nih.gov. Accessed June 26, 2025.

Kitabis PAK (tobramycin inhalation solution) 300mg/5mL product information, revised by Pari Respiratory Equipment, Inc 12-2024. Available at DailyMed http://dailymed.nlm.nih.gov. Accessed June 26, 2025.

TOBI (tobramycin inhalation solution) 300mg/5mL product information, revised by Mylan Specialty L.P. 02-2023. Available at DailyMed http://dailymed.nlm.nih.gov. Accessed June 26, 2025.

TOBI PODHALER (tobramycin inhalation powder) 28mg capsule product information, revised by Viatris Specialty LLC. 02-2023. Available at DailyMed http://dailymed.nlm.nih.gov. Accessed June 26, 2025.

Simon RH. Cystic fibrosis: Antibiotic therapy for chronic pulmonary infection. In: UpToDate, Chmiel JF, Hoppin AG (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at http://uptodate.com. Literature current through July 2025. Topic last updated January 02, 2025. Accessed August 18, 2025.

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Simon RH. Cystic fibrosis: Antibiotic therapy for pulmonary exacerbations. In: UpToDate, Chmiel JF, Edwards MS, Hoppin AG (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at http://uptodate.com. Literature current through July 2025. Topic last updated November 01, 2024. Accessed August 18, 2025.

Simon RH. Cystic fibrosis: Management of pulmonary exacerbations. In: UpToDate, Chmiel JF, Hoppin AG (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at http://uptodate.com. Literature current through July 2025. Topic last updated August 30, 2024. Accessed August 18, 2025.

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