



December 15, 2022

RE: Inhaled Tobramycin Products 2023 Plan Changes Effective January 1, 2023

The following changes will take effect January 1, 2023. Complete prior authorization (PA) criteria for the inhaled tobramycin products can be found on the OHCA website at www.oklahoma.gov/ohca/pa in the “Respiratory” therapeutic category under “Cystic Fibrosis”. Pharmacy prior authorization forms can be found on the OHCA website at <https://oklahoma.gov/ohca/rxforms>.

Preferred Inhaled Tobramycin Products

- Kitabis® Pak and generic tobramycin nebulized solution will be preferred.
 - Kitabis® Pak and generic tobramycin nebulized solution will not require a PA and claims will pay at the point of sale if the member has a reported diagnosis of cystic fibrosis within the past 12 months of claims history.
 - Use of inhaled tobramycin products are restricted to 28 days of therapy every 56 days to ensure cycles of 28 days on therapy followed by 28 days off therapy. Pharmacies should process the claim for a 56-day supply.

Non-Preferred Inhaled Tobramycin Products

- Bethkis® will be non-preferred.
 - Members currently utilizing Bethkis® will need to switch to Kitabis® Pak or generic tobramycin nebulized solution.
- Tobi® Podhaler® will remain non-preferred.
- Authorization of the non-preferred inhaled tobramycin products (Bethkis® or Tobi® Podhaler®) require a PA and a patient-specific clinically significant reason why the preferred inhaled tobramycin products (Kitabis® Pak and generic tobramycin nebulized solution) are not appropriate for the member.

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