

Pharmacy Services

(800) 522-0114, option 4

09/27/2017

Dear SoonerCare Provider,

The purpose of this fax is to provide information regarding recently updated criteria for the reimbursement of Tobi® Podhaler™ (tobramycin inhalation powder). You are receiving this fax because you recently prescribed or dispensed Tobi® Podhaler™ for SoonerCare member(s).

Effective 10/11/2017, Tobi® Podhaler™ (tobramycin inhalation powder) will require a trial of tobramycin nebulized solution or a patient-specific, clinically significant reason why tobramycin nebulized solution is not appropriate for the member in addition to current prior authorization criteria. The updated prior authorization criteria for reimbursement is as follows:

Inhaled Tobramycin Products (Bethkis®, Tobi®, Tobi® Podhaler™, and Kitabis™ Pak), Pulmozyme® (Dornase Alfa), & Cayston® (Aztreonam) Approval Criteria:

1. Use of inhaled tobramycin products, Pulmozyme® (dornase alfa), and Cayston® (aztreonam) is reserved for members who have a diagnosis of cystic fibrosis.
 - a. Authorization of Tobi® Podhaler™ requires a trial of tobramycin nebulized solution or a patient-specific, clinically significant reason why tobramycin nebulized solution is not appropriate for the member.
 - b. Tobramycin nebulized solution, dornase alfa, and aztreonam inhalation will not require a prior authorization and claims will pay at the point of sale if member has a reported diagnosis of cystic fibrosis within the past 12 months of claims history.
 - c. If the member does not have a reported diagnosis, a manual prior authorization will be required for coverage consideration.

If a member requires use of Tobi® Podhaler™, prior authorization requests can be submitted for consideration to SoonerCare Pharmacy Services, including patient-specific, clinically significant supporting information for use of Tobi® Podhaler™ in place of tobramycin nebulized solution.

Updated versions of prior authorization criteria for cystic fibrosis medications, including inhaled tobramycin products, can be downloaded from www.okhca.org/rx-pa, then clicking "Respiratory".

Prior authorization request forms can be found online at www.okhca.org/forms (PHARM-4).

Thank you for the services you provide to Oklahomans insured by SoonerCare!