

ALASKA MEDICAID
Prior Authorization Criteria

TOBI[®] Podhaler[™] (Tobramycin Inhalation)

Criteria for Approval

- 1) Indications and Usage
 - Management of cystic fibrosis (CF) patients with *Pseudomonas aeruginosa*
- 2) Age greater than or equal to 6 years of age

Duration of Approval

- Up to twelve months

Quantity Limit

- 224 per 56 day cycle (28 days on, 28 days off)

Criteria for Denial

- 1) Age less than 6 years
- 2) Forced expiratory volume in 1 second (FEV₁) < 25% or > 80% predicted
- 3) Colonization with *Burkholderia cepacia*
- 4) Concurrent or alternating use of inhaled aztreonam

References

1. TOBI Podhaler [package insert]. East Hanover, NJ; Novartis, April 2014.
2. Tobramycin inhalation powder (Tobi Podhaler) for cystic fibrosis. *Med Lett Drugs Ther.* 2013;55(1419):51-52.
3. VanDevanter DR, Geller DE. Tobramycin administered by the TOBI[®] Podhaler[®] for persons with cystic fibrosis: a review. *Med Devices.* 2011;4:179-188.