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](http://www.okhca.org/rx-pa), then clicking “Respiratory”.

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

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