



Commercial/Healthcare Exchange PA Criteria Effective: January 1, 2021

Prior Authorization: Tobramycin

Products Affected: TOBI Podhaler (tobramycin) and tobramycin 300mg/5ml ampule

Medication Description: Tobramycin interferes with bacterial protein synthesis by binding to 30S ribosomal subunit, resulting in a defective bacterial cell membrane.

Covered Uses: For the management of cystic fibrosis patients with *Pseudomonas aeruginosa*

Exclusion Criteria: N/A

Required Medical Information:

1. Diagnosis
2. Laboratory tests

Age Restrictions: 6 years of age and older

Prescriber Restrictions: N/A

Coverage Duration: 12 months

Other Criteria:

Cystic Fibrosis

- A. Patient has a diagnosis of cystic fibrosis; **AND**
- B. Lung infection with positive culture demonstrating *Pseudomonas aeruginosa* infection

References:

1. TOBI Podhaler [Prescribing Information] San Carlos, CA: Mylan Specialty L.P.; July 2020. Accessed December 14, 2020.
2. Tobramycin Inhalation Solution [Prescribing Information] San Carlos, CA: Dr. Reddy's Laboratories Inc. April 2020. Accessed December 14, 2020.

Policy Revision History:

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	1/1/2021

January 2021



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