

Mannitol (Bronchitol)

Coverage Criteria:

Bronchitol is reserved for patients meeting the following criteria:

1. Bronchitol has been prescribed as an add-on maintenance therapy for cystic fibrosis and managed by specialists from a cystic fibrosis treatment center; and,
2. Patient has passed the Bronchitol Tolerance Test; and,
3. Trial and failure of (or medical contraindications to) sodium chloride 7% inhalation (generic Pulmosal); and,
4. Patient has an FEV1 greater than 40% and less than 90% predicted. A baseline FEV1 must be provided at the time of the request; and,
5. Bronchitol is being prescribed up to the FDA-approved dosing regimen.

Coverage Duration:

Approvals will be granted for a 12 months duration.

Renewal Criteria:

1. Patient has been seen within the past 14 months at the cystic fibrosis treatment center; and,
2. Documentation that the medication continues to be effective has been submitted.