

SoonerCare pharmacy services requests your assistance to improve the care of our members. Your pivotal role in the healthcare system can help increase appropriate and cost-effective use of cystic fibrosis medications.

The purpose of this fax is to provide information regarding criteria that was recently established for the use of inhaled tobramycin products (Bethkis[®], Tobi[®], and Tobi[®] Podhaler[™]) and Pulmozyme[®] (dornase alfa).

Effective April 30, 2014 the following criteria will apply:

1. Use of inhaled tobramycin products and Pulmozyme[®] are reserved for members who have a diagnosis of cystic fibrosis.
 - a. These medications 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.
 - b. If the member does not have a reported diagnosis, a manual prior authorization will be required for coverage consideration.
2. Use of inhaled tobramycin products will be restricted to 28 days of therapy per 56 days to ensure cycles of 28 days on therapy followed by 28 days off therapy.
 - a. Use outside of this recommended regimen may be considered for coverage via a manual petition with a patient-specific, clinically significant reason why the patient would need treatment outside of the FDA approved dosing.
 - b. **Please process all prescriptions claims for inhaled tobramycin products for appropriate units for 28 days of therapy as a 56 day supply.**

To make this process more efficient for pharmacies, prescribers, and members, all prescribers of Pulmozyme[®] and inhaled tobramycin products will receive a letter explaining the updated criteria for these medications.

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