Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

Inhaled Antibiotics

This criteria was recommended for review by an MCO to ensure appropriate and safe utilization

Clinical Criteria Information Included in this Document

Inhaled Antibiotics

- **Drugs requiring clinical prior authorization**: the list of drugs requiring prior authorization for this clinical criteria
- **Clinical prior authorization criteria logic**: a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram**: a visual depiction of the clinical criteria logic
- **Supporting tables**: a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes)
- **References**: clinical publications and sources relevant to this clinical criteria

**Note**: Click the hyperlink to navigate directly to that section.

Revision Notes

- Added diagnosis of non-cystic fibrosis bronchiectasis (NCFB) colonized with *Pseudomonas aeruginosa* to logic and logic diagram
Inhaled Antibiotics

Drugs Requiring Clinical Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

<table>
<thead>
<tr>
<th>Label Name</th>
<th>GCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>BETHKIS 300 MG/4 ML AMPULE</td>
<td>16122</td>
</tr>
<tr>
<td>CAYSTON 75 MG INHAL SOLUTION</td>
<td>28039</td>
</tr>
<tr>
<td>KITABIS PAK 300 MG/5 ML</td>
<td>37569</td>
</tr>
<tr>
<td>TOBI 300 MG/ 5 ML SOLUTION</td>
<td>61551</td>
</tr>
<tr>
<td>TOBI PODHALER 28 MG INHALE CAP</td>
<td>30025</td>
</tr>
<tr>
<td>TOBRAMYCIN 300 MG/5 ML AMPULE</td>
<td>61551</td>
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</tbody>
</table>
Inhaled Antibiotics

Clinical Criteria Logic

1. Does the client have a diagnosis of cystic fibrosis in the last 730 days?
   [ ] Yes – Go to #3
   [ ] No – Go to #2

2. Does the client have a diagnosis of non-cystic fibrosis bronchiectasis (NCFB) colonized with *Pseudomonas aeruginosa*? [Manual]
   [ ] Yes – Go to #3
   [ ] No – Deny

3. Is the request for Bethkis, Kitabis, Tobi, Tobi Podhaler or inhaled tobramycin?
   [ ] Yes – Go to #4
   [ ] No – Go to #5

4. Is the client greater than or equal to (≥) 6 years of age?
   [ ] Yes – Approve (365 days)
   [ ] No – Deny

5. Is the request for Cayston?
   [ ] Yes – Go to #6
   [ ] No – Deny

6. Is the client greater than or equal to (≥) 7 years of age?
   [ ] Yes – Approve (365 days)
   [ ] No – Deny
**Inhaled Antibiotics**

**Clinical Criteria Logic Diagram**

1. **Step 1**
   - Does the client have a diagnosis of CF in the last 730 days?
   - Yes → **Step 3**
   - No → **Step 2**

2. **Step 2**
   - Does the client have a diagnosis of NCFB colonized with *P. aeruginosa*?
     - [Manual]
   - Yes → **Step 6**
   - No → Deny Request

3. **Step 3**
   - Is the request for Bethkis, Kitabis, Tobi Podhaler, Tobi or inhaled tobramycin?
     - Yes → **Step 4**
     - No → Deny Request

4. **Step 4**
   - Is the client ≥ 6 years of age?
     - Yes → Approve Request (365 days)
     - No → **Step 5**

5. **Step 5**
   - Is the request for Cayston?
     - Yes → Approve Request (365 days)
     - No → Deny Request

6. **Step 6**
   - Is the client ≥ 7 years of age?
     - Yes → Approve Request (365 days)
     - No → Deny Request
## Inhaled Antibiotics

### Clinical Criteria Supporting Tables

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E8411</td>
<td>CYSTIC FIBROSIS WITH INTESTINAL MANIFESTATIONS, MECONIUM ILEUS IN CF</td>
</tr>
<tr>
<td>E8419</td>
<td>CYSTIC FIBROSIS WITH OTHER INTESTINAL MANIFESTATIONS</td>
</tr>
<tr>
<td>E848</td>
<td>CYSTIC FIBROSIS WITH OTHER MANIFESTATIONS</td>
</tr>
<tr>
<td>E840</td>
<td>CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS</td>
</tr>
<tr>
<td>E849</td>
<td>CYSTIC FIBROSIS, UNSPECIFIED</td>
</tr>
</tbody>
</table>

**Step 1 (diagnosis of cystic fibrosis)**

Required quantity: 1

Look back timeframe: 730 days


Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the most current revision are also provided in the Revision Notes on the first page of this document.

<table>
<thead>
<tr>
<th>Publication Date</th>
<th>Notes</th>
</tr>
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<tbody>
<tr>
<td>04/26/2019</td>
<td>Initial publication and presentation to the DUR Board</td>
</tr>
<tr>
<td>01/24/2020</td>
<td>Presentation to the DUR Board – request addition of non-cystic fibrosis bronchiectasis colonized with <em>Pseudomonas aeruginosa</em> to the diagnosis table</td>
</tr>
<tr>
<td>02/13/2020</td>
<td>Added diagnosis of NCFB colonized with <em>Pseudomonas aeruginosa</em> to the logic and logic diagram</td>
</tr>
</tbody>
</table>