

Bronchitol (mannitol)
Effective 07/01/2021

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange		Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit			<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.			
Contact Information	Medical Benefit	Pharmacy Benefit	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A			

Overview

Bronchitol (mannitol) is a sugar alcohol indicated as add-on maintenance therapy to improve pulmonary function in adult patients 18 years and older with Cystic Fibrosis.

Coverage Guidelines

Authorization may be granted for members new to the plan who are currently receiving treatment with Bronchitol, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

1. Member has a diagnosis of Cystic Fibrosis.
2. The member has passed the Bronchitol Tolerance Test and did not experience any of the following during the test:
 - a. Bronchospasm
 - b. Decrease in FEV1
 - c. Decrease in oxygen saturation
3. The member is at least 18 years of age.

Continuation of Therapy

Reauthorization may be granted for members when documentation is submitted supporting benefit from therapy as evidenced by disease stability or disease improvement (e.g., improvement in FEV1 from baseline).

Limitations

1. Initial approvals and reauthorizations will be for 24 months.
2. The following quantity limits apply:

Bronchitol 40mg capsules	600 capsules per 30 days
--------------------------	--------------------------

References

1. Bronchitol [package insert]. Cary, NC: Chiesi USA, Inc.; October 2020.

Review History

05/19/2021 – Created and Reviewed May P&T. Effective 07/01/2021.

09/21/2022 - Reviewed at Sept P&T; no clinical changes; separated out Comm/Exch vs. MH.

