

Bronchitol (mannitol)
Effective 07/01/2021

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
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
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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

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