

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Mannitol inhalation powder (Bronchitol)

**Notes:**

- Quantity Limits: Yes

**Initiation (new start) criteria and criteria for *new members* entering Kaiser Permanente already taking the medication who have not been reviewed previously:**

Non-formulary **mannitol inhalation powder (Bronchitol)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescriber specializes in the treatment of cystic fibrosis (CF)
- Patient is at least 18 years of age
- Patient has had an inadequate response to inhaled hypertonic saline **AND** dornase alfa (Pulmozyme); unless contraindicated or not tolerated.
- Patient has passed the Bronchitol Tolerance Test (BTT)

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All plans offered and underwritten by  
Kaiser Foundation Health Plan of the Northwest