



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	April 30, 2021

Bronchitol (mannitol)

LENGTH OF AUTHORIZATION: Six months

REVIEW CRITERIA:

- Patient must be ≥ 18 years of age.
- Patient must have a diagnosis of Cystic Fibrosis.
- Prescribed by or in consultation with a pulmonologist.
- Documentation of inadequate response, contraindication, or significant adverse reaction to hypertonic saline and Pulmozyme.
- Documentation the patient has passed the Bronchitol tolerance test (BTT).

CONTINUATION OF THERAPY:

- Patient met initial review criteria.
- Patient is responding positively to therapy.

DOSING AND ADMINISTRATION:

- 400 mg (10 capsules) twice a day by oral inhalation, in the morning and evening, with the later dose taken 2-3 hours before bedtime.
- Available as inhalation powder: 40 mg mannitol per capsule.