

## PHARMACY POLICY STATEMENT North Carolina Marketplace

<b>DRUG NAME</b>	<b>Bronchitol (mannitol)</b>
BILLING CODE	Must use valid NDC
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home
STATUS	Prior Authorization Required

Bronchitol (mannitol) is a sugar alcohol indicated as add-on maintenance therapy to improve pulmonary function in adult patients 18 years of age and older with cystic fibrosis, initially approved by the FDA in 2020. Cystic fibrosis is an autosomal recessive disease in which patients can have abnormal airways secretions, chronic endobronchial infection, and progressive airway obstruction.

Bronchitol (mannitol) will be considered for coverage when the following criteria are met:

### Cystic Fibrosis

For **initial** authorization:

1. Member is at least 18 years of age; AND
2. Medication must be prescribed by or in consultation with a pulmonologist or an infectious disease specialist.9 (osND



CareSource considers Bronchitol (mannitol) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
01/13/2021	New policy for Bronchitol created.
04/26/2022	Policy transferred to new template. Annual review: no updates.

References:

1. Bronchitol (mannitol) [prescribing information]. Cary, NC: Chiesi USA Inc; October 2020.
2. Flume PA, Aitken ML, Bilton D, et al. Optimising inhaled mannitol for cystic fibrosis in an adult population. *Breathe Sheff Engl* 2015;11:39-48.
3. Castellani C, Duff AJA, Bell SC, et al. ECFS best practice guidelines: the 2018 revision. *J Cyst Fibros*. 2018;17(2):153-178. doi:10.1016/j.jcf.2018.02.13.2 (02-a)3.3 6P (j)-8.9 (c)-8.1 (f)-0xploncesJA, Bel1. Cefih(B)3.3 (il)-1.1 R