

POLICY NAME	Tobi (tobramycin), Bethkis (tobramycin), Kitabis	POLICY #	1904P
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Criteria

Coverage Criteria

- ☐ 1.1 Prescription issued by a provider specializing in pediatric/adult pulmonology (lung specialist) or a doctor associated with a cystic fibrosis clinic
- ☐ 1.2 Diagnosis of cystic fibrosis
- ☐ 1.3 Diagnosis or history of airway culture positive for *Pseudomonas aeruginosa*
- ☐ 1.4 Age 6 years or older