

UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2025 P 1353-5
Program	Prior Authorization/Notification
Medications	Bronchitol® (mannitol)
P&T Approval Date	3/2021, 3/2022, 3/2023, 3/2024, 3/2025
Effective Date	6/1/2025

**1. Background:**

Bronchitol 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. Use Bronchitol only in adults who have passed the Bronchitol Tolerance Test.

**2. Coverage Criteria<sup>a</sup>:**

**A. Initial Authorization**

1. **Bronchitol** will be approved based on **all** of the following criteria:

a. Diagnosis of cystic fibrosis (CF)

**-AND-**

b. Used in conjunction with standard CF therapies [e.g., chest physiotherapy, bronchodilators, antibiotics, anti-inflammatory therapy (e.g., ibuprofen, oral/inhaled corticosteroids)]

**-AND-**

c. Patient has passed the Bronchitol Tolerance Test

**Authorization will be issued for 12 months.**

**B. Reauthorization**

1. **Bronchitol** will be approved based on the following criteria:

a. Documentation of positive clinical response to Bronchitol therapy

**Authorization will be issued for 12 months.**

<sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

### 3. Additional Clinical Programs:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program.
- Supply limitations may be in place.

### 4. References:

1. Bronchitol [package insert]. Cary, NC: Chiesi USA, Inc.; January 2024.

Program	Prior Authorization/Notification - Bronchitol (mannitol)
<b>Change Control</b>	
3/2021	New program.
3/2022	Annual review with no change to coverage criteria.
3/2023	Annual review. Clarified that “CF” refers to cystic fibrosis without change to clinical intent. Added state mandate.
3/2024	Annual review. No change to coverage criteria. Updated reference.
3/2025	Annual review. No change to coverage criteria. Updated reference.