Medical Policy

Medical Necessity Determination and Appeal Overturn Policy for Off-Label Inhaled Tobramycin® Use in Pediatric members <6 Years of Age with Cystic Fibrosis

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PURPOSE:

To define medical necessity criteria for overturn of an appeal of off-label use of inhaled tobramycin in pediatric members under six (6) years of age with documented or suspected *Pseudomonas aeruginosa* infection in the setting of cystic fibrosis (CF). Although FDA labeling for nebulized solution tobramycin (e.g., TOBI®,Bethkis®, Kitabis® Pak) traditionally includes patients ≥6 years of age, emerging evidence supports safety and efficacy in younger children, particularly for early eradication strategies.

SCOPE:

This policy applies to all members enrolled in **STAR** and **CHIP** benefit plans who are prescribed nebulized solution tobramycin for off-label use in the treatment of Cystic fibrosis (CF) in children less than six (6) years of age. This policy governs appeal determinations for members with documented or suspected *Pseudomonas aeruginosa* respiratory infection, including first isolation, early re-isolation, or clinically suspected infection consistent with CF pulmonary exacerbation.

DEFINITIONS / ACRONYMS:

Unapproved indication/ off-label use- A health care provider prescribes a medication for an unapproved use when deemed medically appropriate for the member. The drug can be:

- Used for a disease or medical condition that is not approved to treat, such as when a chemotherapy is approved to treat one type of cancer, but healthcare providers use it to treat a different type of cancer.
- Given in a different way, such as when a medication is approved as a capsule, but it is given instead in an oral solution.

- Given in a different dose, such as when a medication is approved at a dose of one tablet every day, but a patient is told by their healthcare provider to take two tablets every day.

PROCEDURE:

Off-label use of nebulized solution tobramycin in pediatric members <6 years of age to be considered medically necessary and appeal overturned when criteria below are met:

A. Diagnosis

- Confirmed diagnosis of Cystic Fibrosis **AND**
  - **ONE** of the Following:
    - First isolation of Pseudomonas aeruginosa
    - Early recurrent infection (non-chronic)
    - Clinical signs consistent with pulmonary exacerbation with prior history of *Pseudomonas*
    - High-risk infant with severe CF phenotype under CF specialist care

B. Prescriber Requirements

- Prescribed by or in consultation with pulmonologist
- Documentation of adherence to established eradication protocol

C. Dosing and Monitoring Plan

- Weight based dosing
- Renal function (SCr)
- Audiology monitoring if prolonged therapy or repeated courses
- Planned duration consistent with eradication protocols (e.g., 28-day inhaled course)

D. Approval Timeframe

- Initial Eradication Course: 28 days
- Re-treatment for Persistent or Recurrent infection
  - Up to **3** eradication cycles within 6 months, approval for 6 months
  - Requires repeat positive culture documentation

- Chronic Suppressive Therapy (if chronic colonization develops before age 6)
    - Case by case review
    - Approval in 6-month internals requiring
        - Documentation of clinical benefit
        - Ongoing specialist oversight
        - Monitoring compliance

REGULATORY / ACCREDITATION REFERENCES:

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- Choi J, Novak K, Thompson R. Evaluation of Inhaled Tobramycin in Early Eradication of *P. aeruginosa* in Infants With CF. *JPPT*.
- Ratjen F et al. EARLY study. Eradication of early P. aeruginosa infection in childres <7 years of age with cystic fibrosis: The EARLY study. *J Cyst Fibros*. 2019;18:78–85.
- Schwarz C, Taccetti G, Burgel PR, Mulrennan S. Tobramycin safety and efficacy review.
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