



Montana Healthcare Programs  
Drug Prior Authorization Coverage Criteria

Kitabis™ (tobramycin inhalation solution)

**Review Criteria**

Member must meet all the following criteria:

- Diagnosis of cystic fibrosis
  - Approve for one year with annual updates
- Diagnosis other than cystic fibrosis
  - Specialist consult required (pulmonologist or infectious disease)
    - Documented chronic diagnosis
    - Prior authorization x 3 months then update if needed