



MEDICATION POLICY

Generic Name: Aztreonam

Therapeutic Class or Brand Name: Cayston®

Applicable Drugs (if Therapeutic Class): N/A

Date of Origin: 2/1/13

Date Last Reviewed/Revised: 12/7/17

GPI Code: 1600000540

Prior Authorization Criteria (may be considered medically necessary when criteria I through VI are met):

- I. Documented diagnosis of cystic fibrosis.
- II. Positive culture demonstrating *Pseudomonas aeruginosa* in the lungs.
- III. FEV₁ must be greater than 25% and less than 75% predicted.
- IV. Prescribed dose is 75mg TID to be administered in repeated cycles of 28 days on drug followed by 28 days off drug.
- V. Minimum age requirement: 7 years old.
- VI. The prescriber is a Pulmonologist or an Infectious Disease Specialist.

Exclusion Criteria:

- Patients colonized with *Burkholderia cepacia*.

Other Criteria:

- N/A

Quantity/Days Supply Restrictions:

- One 28-day kit per 56 days.

Approval Length:

- **Authorization:** 6 months.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing positive clinical response (must have improved FEV₁ AND a decrease in the sputum density of *P. aeruginosa*).

Appendix:

Disclaimer: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgment in providing the most appropriate care for their patients.



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N/A

References:

1. http://www.fchp.org/~media/Files/FCHP/Imported/Cayston_aztreonam.pdf.ashx.
2. https://www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Tools%20and%20Resources/Pharmacy%20Resources/Notification_Cayston.pdf.
3. [Medi-Span](#).
4. http://www.gilead.com/~media/Files/pdfs/medicines/respiratory/cayston/cayston_pi.pdf.

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Historical Tracking Of Changes Made To Policy	
12/7/2017	1. Policy reviewed: no changes made.
9/29/2016	1. Removed “ http://www.connecticare.com/provider/PDFs/Pharmacy/Cayston.pdf ” from References (link no longer valid).
4/7/2015	<ol style="list-style-type: none"> 1. Added “Prescribed dose is 75mg TID to be administered in repeated cycles of 28 days on drug followed by 28 days off drug” and “The prescriber is a Pulmonologist or an Infectious Disease Specialist” under Prior Authorization Criteria. 2. Changed “Dosing information: 75mg of Cayston® administered 3 times a day for a 28 day course, using an Altera Nebulizer System, followed by 28 days off Cayston®. A bronchodilator should be used before administration of Cayston®” to “N/A” under Other Criteria. 3. Updated “https://www.oxhp.com/secure/policy/aztreonam_for_inhalation_solution_cayston.pdf” to “https://www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Tools%20and%20Resources/Pharmacy%20Resources/Notification_Cayston.pdf” under References.
11/26/2013	<ol style="list-style-type: none"> 1. Adapted policy to new format. 2. Added GPI Code. 3. Changed “Documented diagnosis of <i>Pseudomonas aeruginosa</i> in the lungs” to “Positive culture demonstrating <i>Pseudomonas aeruginosa</i> in the lungs” under Prior Authorization Criteria. 4. Changed “FEV₁ must be greater than 25% or less than 75% predicted” to “FEV₁ must be greater than 25% and less than 75% predicted” under Prior Authorization Criteria. 5. Added “Patients colonized with <i>Burkholderia cepacia</i>” under Exclusion Criteria. 6. Changed “Usual dose” to “Dosing information” under Other Criteria. 7. Changed “1 28-day kit per month” to “One 28-day kit per 56 days” under Quantity/Days Supply Restrictions. 8. Changed Authorization under Approval Length from “1 month” to “6 months”. 9. Updated references to include Connecticut and Oxford policies, Medi-Span, and updated website address for Cayston package insert.

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