

Generic Name: Aztreonam

Preferred: N/A

Therapeutic Class or Brand Name: Cayston

Non-preferred: N/A

Applicable Drugs (if Therapeutic Class): N/A

Date of Origin: 2/1/2013

GPI Code: 1600000540

Date Last Reviewed / Revised: 9/25/2018

## 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. FEV<sub>1</sub> 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 FEV<sub>1</sub> AND a decrease in the sputum density of *P. aeruginosa*).

## APPENDIX

N/A

## REFERENCES

1. [https://www.fchp.org/providers/pharmacy/~media/Files/FCHP/Imported/Cayston\\_aztreonam.ashx](https://www.fchp.org/providers/pharmacy/~media/Files/FCHP/Imported/Cayston_aztreonam.ashx).
2. <https://www.uhcprovider.com/content/provider/en/viewer.html?file=%2Fcontent%2Fdam%2Fprovider%2Fdocs%2Fpublic%2Fprior-auth%2Fdrugs-pharmacy%2Fcommercial%2Fag%2FCOMM-Notification-Cayston.pdf>
3. Medi-Span.
4. [http://www.gilead.com/~media/Files/pdfs/medicines/respiratory/cayston/cayston\\_pi.pdf](http://www.gilead.com/~media/Files/pdfs/medicines/respiratory/cayston/cayston_pi.pdf).

## HISTORICAL TRACKING OF CHANGES MADE TO POLICY

Date	Notes/Changes
9/25/2018	<ol style="list-style-type: none"> <li>1. <b>Removed</b> "http://www.fchp.org/~media/Files/FCHP/Imported/Cayston_aztreonam.pdf.ashx." <b>Added</b> "https://www.fchp.org/providers/pharmacy/~media/Files/FCHP/Imported/Cayston_aztreonam.ashx" <b>under References</b>.</li> <li>2. <b>Removed</b> "https://www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Tools%20and%20Resources/Pharmacy%20Resources/Notification_Cayston.pdf." <b>Added</b> "https://www.uhcprovider.com/content/provider/en/viewer.html?file=%2Fcontent%2Fdam%2Fprovider%2Fdocs%2Fpublic%2Fprior-auth%2Fdrugs-pharmacy%2Fcommercial%2Fag%2FCOMM-Notification-Cayston.pdf" <b>under References</b>.</li> </ol>
12/7/2017	<ol style="list-style-type: none"> <li>1. Policy reviewed: no changes made.</li> </ol>
9/26/2016	<ol style="list-style-type: none"> <li>1. Removed "http://www.connecticare.com/provider/PDFs/Pharmacy/Cayston.pdf" from References (link no longer valid).</li> </ol>
4/7/2015	<ol style="list-style-type: none"> <li>1. <b>Added</b> "Prescribed dose is 75mg TID to be administered in repeated cycles of 28 days on drug followed by 28 days off drug" <b>and</b> "The prescriber is a Pulmonologist or an Infectious Disease Specialist" <b>under Prior Authorization Criteria</b>.</li> <li>2. <b>Changed</b> "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®" <b>to</b> "N/A" <b>under Other Criteria</b>.</li> <li>3. <b>Updated</b> "https://www.oxhp.com/secure/policy/aztreonam_for_inhalation_solution_cayston.pdf" <b>to</b> "https://www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Tools%20and%20Resources/Pharmacy%20Resources/Notification_Cayston.pdf" <b>under References</b>.</li> </ol>
11/26/2013	<ol style="list-style-type: none"> <li>1. <b>Adapted policy to new format.</b></li> </ol>

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|  | <ol style="list-style-type: none"> <li>2. <b>Added GPI Code.</b></li> <li>3. <b>Changed</b> "Documented diagnosis of <i>Pseudomonas aeruginosa</i> in the lungs" to "Positive culture demonstrating <i>Pseudomonas aeruginosa</i> in the lungs" <b>under Prior Authorization Criteria.</b></li> <li>4. <b>Changed</b> "FEV<sub>1</sub> must be greater than 25% or less than 75% predicted" to "FEV<sub>1</sub> must be greater than 25% and less than 75% predicted" <b>under Prior Authorization Criteria.</b></li> <li>5. <b>Added</b> "Patients colonized with <i>Burkholderia cepacia</i>" <b>under Exclusion Criteria.</b></li> <li>6. <b>Changed</b> "Usual dose" to "Dosing information" <b>under Other Criteria.</b></li> <li>7. <b>Changed</b> "1 28-day kit per month" to "One 28-day kit per 56 days" <b>under Quantity/Days Supply Restrictions.</b></li> <li>8. <b>Changed Authorization under Approval Length from</b> "1 month" <b>to</b> "6 months".</li> <li>9. <b>Updated references</b> to include Connecticare and Oxford policies, Medi-Span, and updated website address for Cayston package insert.</li> </ol> |
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