MEDICATION POLICY:

Cayston®

Generic Name: Aztreonam

Therapeutic Class or Brand Name: Cayston

Applicable Drugs (if Therapeutic Class): N/A

GPI Code: 1600000540

Preferred: N/A

Non-preferred: N/A

Date of Origin: 2/1/2013

Date Last Reviewed / Revised: 5/30/2019

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_1 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_1 AND a decrease in the sputum density of *P. aeruginosa*).

Appendix

N/A

REFERENCES

1. Cystic Fibrosis Foundation. Chronic Medications to Maintain Lung Health Clinical Care Guidelines. Available at: https://www.cff.org/Care/Clinical-Care-Guidelines/Respiratory-Clinical-Care-Guidelines/Chronic-Medications-to-Maintain-Lung-Health-Clinical-Care-Guidelines/
2. Medi-Span.
3. Cayston® [Package insert] Foster City, CA: Gilead Sciences Inc; February 2019. Available at: http://www.gilead.com/~/media/Files/pdfs/medicines/respiratory/cayston/cayston_pi.pdf.

HISTORICAL TRACKING OF CHANGES MADE TO POLICY

Date	Notes/Changes
5/30/2019	1. **Removed** outdated references. **Added** "https://www.cff.org/Care/Clinical-Care-Guidelines/Respiratory-Clinical-Care-Guidelines/Chronic-Medications-to-Maintain-Lung-Health-Clinical-Care-Guidelines/" **under References**.
9/25/2018	2. **Removed** "http://www.fchp.org/~/media/Files/FCHP/Imported/Cayston_aztreonam.pdf.ashx." **Added** "https://www.fchp.org/providers/pharmacy/~/media/Files/FCHP/Imported/Cayston_aztreonam.ashx" **under References**. 3. **Removed** "https://www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC /en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Tools%20and%20Resources/Pharmacy%20Resources/Notification_Cayston.pdf." **Added** "https://www.uhcprovider.com/content/provider/en/viewer.html?file=%2Fcontent%2Fdam%2Fprovider%2Fdocs%2Fpublic%2Fprior-auth%2Fdrugs-pharmacy%2Fcommercial%2Fa-g%2FCOMM-Notification-Cayston.pdf" **under References**.
12/7/2017	1. Policy reviewed: no changes made.
9/26/2016	1. Removed "http://www.connecticare.com/provider/PDFs/Pharmacy/Cayston.pdf" from References (link no longer valid).
4/7/2015	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	1. **Adapted policy to new format.** 2. **Added GPI Code**. 3. **Changed** "Documented diagnosis of Pseudomonas aeruginosa in the lungs" **to** "Positive culture demonstrating *Pseudomonas aeruginosa* in the lungs" **under Prior Authorization Criteria**. 4. **Changed** "FEV_1 must be greater than 25% or less than 75% predicted" **to** "FEV_1 must be greater than 25% and less than 75% predicted" **under Prior Authorization Criteria**. 5. **Added** "Patients colonized with *Burkholderia cepacia*" **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 Connecticare and Oxford policies, Medi-Span, and updated website address for Cayston package insert.