UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for Cayston

Program	Prior Authorization
Medication	Cayston® (aztreonam for inhalation solution)
Markets in Scope	Arizona, California, Florida-CHIP, Hawaii, Maryland, Nevada, New Mexico, New York, New York EPP, Ohio, Rhode Island, Washington, New Jersey, Louisiana
Issue Date	6/2013
Pharmacy and Therapeutics Approval Date	2/2018
Effective Date	4/2018

1. Background:

Cayston (aztreonam solution for inhalation) is a monobactam antibacterial indicated to improve respiratory symptoms in cystic fibrosis (CF) patients infected with *Pseudomonas aeruginosa*. Safety and effectiveness have not been established in pediatric patients below the age of 7 years, patients with forced expiratory volume (FEV_1) < 25% or > 75% predicted, or patients colonized with *Burkholderia cepacia*.[1]

To reduce the development of drug-resistant bacteria and maintain the effectiveness of Cayston and other antibacterial drugs, Cayston should be used only to treat patients with CF known to have *Pseudomonas aeruginosa* in the lungs.

2. Coverage Criteria:

A. <u>Authorization</u>

1. **Cayston** will be approved based on the following criteria:

   a. Diagnosis of cystic fibrosis (CF)

Authorization will be issued for 12 months

3. References:

1. Cayston [package insert]. Foster City, CA: Gilead Sciences, Inc.; May 2014.

Program	Prior Authorization –Cayston (aztreonam for inhalation solution)
Change Control	
Date	Change
6/2013	New drug policy
3/2014	• Updated length of authorization to 60 months. • Removed initial authorization designation and removed reauthorization criteria. • In the Reference Section, the reference for acute exacerbation of cystic fibrosis guideline has been removed • In the Reference Section, updated cystic fibrosis guideline reference for chronic maintenance therapy which was updated in April 2013
12/2015	Annual Review, no change
10/2016	Added reauthorization criteria to align with Employer & Individual's policy. Updated policy template.
2/2017	Updated policy template
9/2017	Removed lung infection with positive culture requirement and reauthorization criteria to allow for Dx to Rx implementation
2/2018	Annual review. No changes to criteria.