

# PHARMACY POLICY STATEMENT

## Indiana Medicaid

<b>DRUG NAME</b>	<b>Cayston (aztreonam inhalation solution)</b>
BILLING CODE	Must use valid NDC
BENEFIT TYPE	Pharmacy

DATE	ACTION/DESCRIPTION
06/12/2017	New policy for Cayston created. Not covered diagnosis added.
12/30/2020	Quantity limit changed to 56 days from 28 days. Reauthorization criteria updated to ask for evidence of disease stability or improvement. Diagnosis of cystic fibrosis added to initial criteria. Exclusion criteria updated to a simplified statement.
04/27/2022	Policy transferred to new template. Added references. Amended renewal criteria to