



# PHARMACY POLICY STATEMENT

## North Carolina Marketplace

DRUG NAME Cayston (aztreonam inhalatHome

STATUS	Prior Authorization Required
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Cayston (aztreonam inhalation solution) is a monobactam antibacterial indicated to improve respiratory symptoms in cystic fibrosis patients with Pseudomonas aeruginosa, initially approved by the FDA in 2010. Cystic fibrosis is an autosomal recessive disease in which patients can have abnormal airways secretions, chronic endobronchial infection, and progressive airway obstruction.

Cayston (aztreonam inhalation solution) will be considered for coverage when the following criteria are met:

### Cystic Fibrosis

For initial authorization:

1. Member is at least 7 years of age; AND
2. Medication must be prescribed by or in consultation w49.8 2Bt or2.Member i; AND

s a documented trial and failure of or contraindication to generic tobramycin inhalation

ID

s documented forced expiratory volume in 1 second (FEV

1) 25% to 75% predicted

(documented in chart notes and submitted with prior authorization request); AND

6. Member is not colonized with Burkholderia cepacia.
7. Dosage allowed/Quantity limit: 75 mg 3 times daily for 28 days in repeated cycles of 28 days on drug, followed by 28 days off drug (84 vials per 56 days).

If all the above requirements are met , the medication will be approved for 12 months .

For reauthorization :

1. Chart notes must show improvement or stabilized signs and symptoms of disease demonstrated by any of the following:
  - a) Improved FEV1 and/or other lung function tests
  - b) Decrease in pulmonary exacerbations or hospitalization
  - c) Decrease in pulmonary infections

If all the above requirements are met , the medication will be approved for an additional 12 months .

