| Division: Pharmacy Policy | Subject: Prior Authorization Criteria |
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| Original Development Date:<br>Original Effective Date:<br>Revision Date: | April 6, 2010<br><br>January 9, 2012; April 13, 2012; June 13, 2012, February 24,2015; March 18, 2025 |

# Cayston® (aztreonam)

**LENGTH OF AUTHORIZATION:** Up to one year

**REVIEW CRITERIA:**

- Patient must be ≥ 7 years old
- Must have a diagnosis of Cystic Fibrosis
- Patient medication history should include an inhaled bronchodilator [e.g. Albuterol, Duoneb, Proventil, Accuneb, Alupent (Metaproterenol), Xopenex, Ventolin, Maxair, Serevent, Advair, Symbicort, Foradil, Perforomist, Dulera.]
- Must submit medical records (e.g. progress notes, culture & sensitivity) indicating resistance to tobramycin **-OR-** a need for a different antibiotic during the alternating months when the patient is not receiving TOBI **-AND/OR-** confirmed colonization (previous history of pseudomonas aeruginosa infection) per progress notes.
- The PA override should be entered as a quantity of 90, with a day supply of 30. **However, the pharmacy must submit the claim with a quantity of 84 with a day supply of 28.**

**CONTINUATION OF THERAPY**

- Patient met initial review criteria apart from **culture results positive for pseudomonas aeruginosa are not required for therapy continuation.**
- Documentation of improved clinical response.
- Patient has not experienced any treatment-restricting adverse effects.
- Dosing is appropriate as per labeling or is supported by compendia.

**DOSING AND ADMINISTRATION:**

- Refer to product labeling at https://www.accessdata.fda.gov/scripts/cder/daf/
- Available as lyophilized aztreonam, 75 mg/vial and 0.17% sodium chloride (diluent), 1 mL/ampule