Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	April 6, 2010 January 9, 2012; April 13, 2012; June 13, 2012, February 24,2015

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.
- **For continuation of therapy, culture results positive for Pseudomonas aeruginosa are not required for therapy continuation.**
- 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.**

DOSING:

The recommended dosage for adults and children is a single use vial (75 mg) of Cayston mixed with one ampule of saline diluent taken 3 times a day by inhalation for a 28-day treatment course, followed by 28 days without the treatment. The dosage for Cayston is the same for patients regardless of age or weight.