

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2018 P 1016-6
Program	Prior Authorization/Notification
Medication	Cayston® (aztreonam for inhalation solution)
P&T Approval Date	11/2011, 5/2012, 5/2013, 2/2014, 2/2015, 2/2016, 2/2017, 2/2018
Effective Date	5/1/2018; Oxford only: 5/1/2018

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 (FEV₁) < 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.

Members will be required to meet the coverage criteria below.

2. Coverage Criteria:

A. Initial Authorization

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

a. Diagnosis of cystic fibrosis (CF)

-AND-

b. Lung infection with positive culture demonstrating *Pseudomonas aeruginosa* infection

Authorization will be issued for 12 months

B. Reauthorization

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

a. Documentation of positive clinical response to Cayston therapy

Authorization will be issued for 12 months

3. Additional Clinical Rules:

- Supply limits may be in place.

4. References:

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

Program	Prior Authorization/Notification - Cayston (aztreonam for inhalation solution)
Change Control	
2/2014	Updated Background. Removed reauthorization criteria and increased authorization to 60 months.
2/2015	Annual review with no change to coverage criteria. Updated background and references.
2/2016	Annual review with no changes to clinical content. Changed authorization period to 12 months and added re-authorization period for 12 months.
2/2017	Annual review. No changes to coverage criteria.
2/2018	Annual review. No changes to coverage criteria.