

## PHARMACY POLICY STATEMENT

### Georgia Medicaid

DRUG NAME	Cayston (aztreonam inhalation solution)
BILLING CODE	Must use valid NDC code
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home
COVERAGE REQUIREMENTS	Prior Authorization Required (Non-Preferred Product) QUANTITY LIMIT—84 vials per 28 days
LIST OF DIAGNOSES CONSIDERED <b>NOT</b> MEDICALLY NECESSARY	<a href="#">Click Here</a>

Cayston (aztreonam inhalation solution) is a **non-preferred** product and will only be considered for coverage under the **pharmacy** benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

### CYSTIC FIBROSIS

For **initial** authorization:

1. Member must be 7 years of age or older; AND
2. Member has a positive culture for Pseudomonas aeruginosa documented in chart notes; AND
3. Prescribed by a pulmonologist or an infectious disease specialist; AND
4. Member has documented forced expiratory volume in 1 second (FEV1) > 25% or < 75% predicted (Documented in chart notes and submitted with prior authorization request).
5. **Dosage allowed:** 75 mg 3 times daily for 28 days; do not repeat for 28 days after completion. Administer only with the Altera® Nebulizer System. Do not administer with any other type of nebulizer.

***If member meets all the requirements listed above, the medication will be approved for 12 months.***

For **reauthorization**:

1. Member must be in compliance with all other initial criteria.

***If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.***

**CareSource considers Cayston (aztreonam inhalation solution) not medically necessary for the treatment of the diseases that are not listed in this document.**

DATE	ACTION/DESCRIPTION
06/12/2017	New policy for Cayston created. Not covered diagnosis added.

References:

1. National Guideline Clearinghouse (NGC). Guideline summary: Cystic fibrosis pulmonary guidelines. Chronic medications for maintenance of lung health. In: National Guideline Clearinghouse (NGC) [Web site]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2013 Apr 01. [cited 2016 Dec 19]. Available: <https://www.guideline.gov>. Accessed February 9, 2017.
2. Cayston [package insert]. Foster City, CA: Gilead Sciences Inc; 2014. Accessed March 10, 2017.

Effective date: 08/09/2017

Revised date: 06/12/2017