

PHARMACY POLICY STATEMENT Kentucky 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 (Preferred Product) QUANTITY LIMIT — 84 vials per 28 days
LIST OF DIAGNOSES CONSIDERED NOT MEDICALLY NECESSARY	Click Here

Cayston (aztreonam inhalation solution) is a **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. Medication 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.

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Effective date: 08/09/2017
Revised date: 06/12/2017


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