

## PHARMACY POLICY STATEMENT

### Georgia Medicaid

<b>DRUG NAME</b>	<b>Cayston (aztreonam inhalation solution)</b>
<b>BILLING CODE</b>	<b>Must use valid NDC code</b>
<b>BENEFIT TYPE</b>	<b>Pharmacy</b>
<b>SITE OF SERVICE ALLOWED</b>	<b>Home</b>
<b>COVERAGE REQUIREMENTS</b>	<b>Prior Authorization Required (Preferred Product) QUANTITY LIMIT – 84 vials per 56 days</b>
<b>LIST OF DIAGNOSES CONSIDERED NOT MEDICALLY NECESSARY</b>	<a href="#">Click Here</a>

**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 diagnosis of cystic fibrosis and 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); AND
5. Member is not colonized with *Burkholderia cepacia*.
6. Dosage allowed: 75 mg 3 times daily for 28 days in repeated cycles of 28 days on drug, followed by 28 days off drug.

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.
2. Evidence of disease stability or disease improvement
  - a) Disease improvement evidenced by chart notes with any of the following:
    - i) Improved FEV1 and/or other lung function tests;
    - ii) Improvement in sweat chloride;
    - iii) Decrease in pulmonary exacerbations;
    - iv) Decrease in pulmonary infections;
    - v) Increase in weight-gain;
    - vi) Decrease in hospitalizations.

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.
12/30/2020	Quantity limit changed to 56 days from 28 days. Reauthorization criteria updated to ask for evidence of disease stability or improvement. Diagnosis of cystic fibrosis added to initial criteria. Exclusion criteria updated to a simplified statement.

**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>.
2. Cayston [package insert]. Foster City, CA: Gilead Sciences Inc; 2014.

Effective date: 07/01/2021

Revised date: 12/30/2020