

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; March 18, 2025

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.
- 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.**

CONTINUATION OF THERAPY

- Patient met initial review criteria apart from culture results positive for pseudomonas aeruginosa are not required for therapy continuation.
- Documentation of improved clinical response.
- Patient has not experienced any treatment-restricting adverse effects.
- Dosing is appropriate as per labeling or is supported by compendia.

DOSING AND ADMINISTRATION:

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>
- Available as lyophilized aztreonam, 75 mg/vial and 0.17% sodium chloride (diluent), 1 mL/ampule