AZTREONAM INHALED

Generic	Brand	HICL	GCN	Exception/Other
AZTREONAM LYSINE	CAYSTON		28039	

This drug requires a written request for prior authorization.

GUIDELINES FOR USE

1. Does the patient have a diagnosis of cystic fibrosis?

   If yes, continue to #2.
   If no, do not approve.
   DENIAL TEXT: See the denial text at the end of the guideline.

2. Is the patient at least 7 years old?

   If yes, continue to #3.
   If no, do not approve.
   DENIAL TEXT: See the denial text at the end of the guideline.

3. Does the patient have a lung infection with a Gram negative species (such as *Pseudomonas aeruginosa*; not *Staphylococcus aureus* because it is not a Gram negative species)?

   If yes, **approve for 12 months for 6 fills of #84 vials per 56 days.**
   If no, do not approve.
   DENIAL TEXT: See the denial text at the end of the guideline.

DENIAL TEXT: Approval requires a diagnosis of cystic fibrosis, patient age of at least 7 years, and lung infection with a Gram negative species.

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AZTREONAM INHALED

RATIONALE

Promote appropriate utilization of Cayston based on FDA approved indication.

Dosage: One ampule three times daily in repeated cycles of 28 days on drug followed by 28 days off drug.

FDA APPROVED INDICATION

Cayston is indicated to improve respiratory symptoms in cystic fibrosis patients with *Pseudomonas aeruginosa*. Safety and effectiveness have not been established in pediatric patients below the age of 7 years, patients with FEV_1 <25% or >75% predicted, or patients colonized with *Burkholderia cepacia*.

REFERENCES

- Gilead Sciences, Inc. Cayston package insert. Foster City, CA. February 2010.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 07/01/12
Created: 05/12
Client Approval: 05/12
P&T Approval: 05/12

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