



## Prior Authorization Approval Criteria

### *Cayston (aztreonam)*

<b>Generic name:</b>	aztreonam
<b>Brand name:</b>	Cayston
<b>Medication class:</b>	antibiotic
<b>FDA-approved uses:</b>	To improve respiratory symptoms in cystic fibrosis patients with <i>Pseudomonas aeruginosa</i> .
<b>Available dosage forms:</b>	75mg lyophilized aztreonam vials
<b>Usual dose:</b>	75mg of aztreonam administered 3 times a day for a 28 day course, using an Altera Nebulizer System, followed by 28 days off Cayston. A bronchodilator should be used before administration of Cayston.
<b>Approximate monthly cost:</b> (based on AWP 2010)	\$5,396.16
<b>Duration of therapy:</b>	to be determined by the prescribing physician

**Criteria for use** (*bullet points below are all inclusive unless otherwise noted*):

- The indicated diagnosis (including any applicable labs and /or tests) and medication usage must be supported by documentation from the patient's medical records.
- Patient must have *pseudomonas aeruginosa* in the lungs.
- Patient must have cystic fibrosis.
- Patient must be > 7 years of age.
- FEV1 must be >25% or <75% predicted.

**Criteria for continuation of therapy:**

- Must have improved FEV1
- Must have a decrease in the sputum density of *P. aeruginosa*

**Contraindication:**

- Patients with known allergy to aztreonam.

**Not approved if:**

- Patient does not meet the above stated criteria
- Patient has any contraindications to the use of aztreonam
- Patient is < 7 years old
- Patients FEV1 is < 25% or >75% predicted
- Patient is colonized with *Burkholderia cepacia*

**Special considerations:**

- First prescription comes with nebulizer.

FCHP Pharmacy and Therapeutics Committee approval: \_\_\_\_\_

Date: \_\_\_\_\_

Adopted: 06/09/10