

Aztreonam Inhalation



Included Products: Cayston (aztreonam)

Created: 09/15/2010

Revised: 07/14/2022

Reviewed: 07/14/2022

Updated: 08/01/2022

Cystic Fibrosis

Initial Criteria		If yes	If no
1.	Does the member have a diagnosis of cystic fibrosis?	Continue to #2.	Do not approve.
2.	Is the member 7 years of age or older?	Continue to #3.	Do not approve.
3.	Is the member's FEV1 between 25% and 90% predicted?	Continue to #4.	Do not approve.
4.	Does the member have documentation of pseudomonas aeruginosa infection?	Continue to #5.	Do not approve.
5.	Has the member failed or has documented resistance to tobramycin (TOBI)?	Continue to #6.	Do not approve.
6.	Approve for 12 months.		
Renewal Criteria		If yes	If no
1.	Has the member demonstrated compliance with therapy and a clinical response such as increased FEV1 from baseline or improvement in respiratory symptoms?	Continue to #2.	Do not approve.
2.	Approve for 12 months.		