

Reference number(s)
1880-A

## SPECIALTY GUIDELINE MANAGEMENT

### CAYSTON (aztreonam for inhalation solution)

#### POLICY

##### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

###### FDA-Approved Indication

Cayston is indicated to improve respiratory symptoms in cystic fibrosis patients with *Pseudomonas aeruginosa*.

All other indications are considered experimental/investigational and are not medically necessary.

##### II. CRITERIA FOR INITIAL APPROVAL

###### **Cystic Fibrosis**

Authorization of 12 months may be granted for members with cystic fibrosis when *Pseudomonas aeruginosa* is present in airway cultures OR the member has a history of *Pseudomonas aeruginosa* infection or colonization in the airways.

##### III. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section II who are experiencing benefit from therapy as evidenced by disease stability or disease improvement.

##### IV. REFERENCES

1. Cayston [package insert]. Foster City, CA: Gilead Sciences, Inc.; November 2019.
2. Mogayzel PJ, Naureckas ET, Robinson KA, et al. Cystic fibrosis pulmonary guidelines. Chronic medications for maintenance of lung health. *Am J Respir Crit Care Med.* 2013; 187:680-689.