

Specialty Guideline Management

Cayston

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Cayston	aztreonam for inhalation solution

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 Indication¹

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

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

Coverage Criteria

Cystic Fibrosis¹⁻³

Authorization of 12 months may be granted for members 2 years of age and older 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.

Reference number(s)
1880-A

Continuation of Therapy

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

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(7):680-689. doi:10.1164/rccm.201207-1160oe
3. Lahiri T, Hempstead SE, Brady C, et al. Clinical practice guidelines from the Cystic Fibrosis Foundation for preschoolers with cystic fibrosis. Pediatrics. 2016;137(4):e20151784. doi:10.1542/peds.2015-1784