

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.

A. 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 a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

A. **Cystic Fibrosis**

Authorization of 24 months may be granted for treatment of cystic fibrosis when all of the following criteria are met:

1. The diagnosis was confirmed by appropriate diagnostic or genetic testing.
2. *Pseudomonas aeruginosa* is present in airway cultures.

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

IV. REFERENCES

1. Cayston [package insert]. Foster City, CA: Gilead Sciences, Inc.; May 2014.
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.