

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 a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

Cystic Fibrosis

Authorization of 24 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

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.