

Policy Name:	Cayston (aztreonam)	Policy #:	1900P
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Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Cayston.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Cayston under the specialty pharmacy benefit when the following criteria have been met.

Criteria

1. Criteria for use in Cystic Fibrosis

- 1.1 Diagnosis of cystic fibrosis
- 1.2 *Pseudomonas aeruginosa* present in cultures of the lungs
- 1.3 Age 7 years or older

2. Approval Period

- 2.1 Initial: 12 months
- 2.2 Reauthorization: 12 months with documented clinical benefit

CPT Codes

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HCPCS Codes

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References

1. Cayston [package insert]. Foster City, CA: Gilead Sciences, Inc.; November 2019.
2. Mogayzel PJ Jr, Naureckas ET, Robinson KA, et al. Cystic Fibrosis Foundation pulmonary guideline. Pharmacologic approaches to prevention and eradication of initial *Pseudomonas aeruginosa* infection. *Ann Am Thorac Soc*. 2014;11(10):1640-1650.
3. Kapnadak SG, Dimango E, Hempstead SE, et al. Cystic Fibrosis Foundation consensus guidelines for the care of individuals with advanced cystic fibrosis lung disease. *J Cyst Fibros*. 2020 May;19(3):344-354.
4. Zobell JT, Young DC, Waters CD, et al. Optimization of anti-pseudomonal antibiotics for cystic fibrosis pulmonary exacerbations: VI. Executive Summary. *Pediatr Pulmonol*. 2013;48(6):525-53

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.