			<b>*</b> ae	etna <sup>m</sup>		
AETNA BE	TTER HEALTH®					
Coverage Policy/Guideline						
Name:	Cayston		Page:	1 of 2		
Effective Date: 7/15/2024			Last Review Date:	5/2024		
Ampline	□Illinois	□Florida	⊠Florida Kids			
Applies to:	⊠New Jersey	⊠Maryland	□Michigan			
	⊠Pennsylvania Kids	□Virginia	□Texas			

#### Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Cayston under the patient's prescription drug benefit.

## **Description:**

## **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.

# **Applicable Drug List:**

Cayston

# **Policy/Guideline:**

#### **Criteria for Initial Approval:**

#### **Cystic Fibrosis**

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. Patient must also be unable to take tobramycin 300 mg/5 mL nebulizer solution (generic) for the given diagnosis, due to a trial and inadequate treatment response, or intolerance, or a contraindication.

#### **Criteria for Continuation of Therapy:**

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

# **Approval Duration and Quantity Restrictions:**

**Approval:** 12 months

Quantity Level Limit: 84 vials per 28 days

#### **References:**

1. Cayston [package insert]. Foster City, CA: Gilead Sciences, Inc.; November 2019.

			<b>*</b> ac	etna •
AETNA BE	ETTER HEALTH®			
Coverage	Policy/Guideline			
Name:	Cayston		Page:	2 of 2
Effective Date: 7/15/2024			Last Review Date:	5/2024
Applies to:	□Illinois	□Florida	⊠Florida Kids	
	⊠New Jersey	⊠Maryland	□Michigan	
	⊠Pennsylvania Kids	□Virginia	□Texas	

- 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