



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Cayston

Page: 1 of 2

Effective Date: 3/24/2023

Last Review Date: 1/2023

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input type="checkbox"/> Florida Kids
	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> 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 Kitabis Pak 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.
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.



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Cayston Page: 2 of 2

Effective Date: 3/24/2023 Last Review Date: 1/2023

- | | | | |
|-------------|--|-----------------------------------|---------------------------------------|
| Applies to: | <input checked="" type="checkbox"/> Illinois | <input type="checkbox"/> Florida | <input type="checkbox"/> Florida Kids |
| | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Maryland | <input type="checkbox"/> Michigan |
| | <input type="checkbox"/> Pennsylvania Kids | <input type="checkbox"/> Virginia | <input type="checkbox"/> Texas |

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