MEDICATION POLICY:
Cayston (aztreonam)

Applicable Drugs: Cayston (aztreonam)

Preferred: N/A

Non-preferred: N/A

Date of Origin: 2/1/2013

Date Last Reviewed / Revised: 5/19/2026

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through VII are met)

I. Documented diagnosis of Cystic Fibrosis (CF).

II. Positive culture demonstrating *Pseudomonas aeruginosa* in the lungs.

III. Documented treatment failure or contraindication to inhaled tobramycin unless antibiotic susceptibility testing indicates that aztreonam would be more effective than tobramycin.

IV. Minimum age requirement: 6 years old.

V. Treatment must be prescribed by or in consultation with a pulmonologist or infectious disease specialist.

VI. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.

VII. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have documented treatment failure or contraindication to the preferred product(s).

EXCLUSION CRITERIA

- Patients colonized with *Burkholderia cepacia*.

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Dose is 75 mg TID administered in repeated cycles of 28 days on drug, followed by 28 days off drug.
- One 28-day kit per 56 days.

APPROVAL LENGTH

- **Authorization:** 6 months

- **Re-Authorization:** 1 year. An updated letter of medical necessity or progress notes showing positive clinical response, as confirmed with improvement in FEV1 AND decreased sputum density of *Pseudomonas aeruginosa* from baseline.

APPENDIX

- N/A

REFERENCES

1. Cayston®. Prescribing Information. Gilead Sciences, Inc.; 2019. Accessed *May 19, 2026*. https://www.gilead.com/-/media/files/pdfs/medicines/respiratory/cayston/cayston_pi.pdf
2. Mogayzel PJ Jr, 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. Accessed *May 19, 2026*.

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.