

PHARMACY POLICY STATEMENT

Indiana Medicaid

Cystic fibrosis is an autosomal re

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DRUG NAME	Cayston (aztredmami in baldolom schilibin) fection,
BILLING CODE	Must use valid NDC
BENEFIT TYPE	Pharmacy

Cayston (aztreonam inhalation solution) will be considered for coverage when the following criteria are met:

Cystic Fibrosis

For initial authorization:

- 1. Member is at least 7 years of age; AND
- 2. Medication must be prescribed by or in consultation with a pulmonologist or an infectious disease

IN-MED-P-366647

OMPP Approved Template on: 01/22/2021



DATE	ACTION/DESCRIPTION	
06/12/2017	New policy for Cayston created. Not covered diagnosis added.	
12/30/2020	Quantity limit changed to 56 days from 28 days. Reauthorization criteria updated to ask for evidence of disease stability or improvement. Diagnosis of cystic fibrosis added to initial criteria. Exclusion criteria updated to a simplified statement.	
04/27/2022	Policy transferred to new template. Added references. Amended renewal criteria to	