



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

**CYSTEAMINE HYDROCHLORIDE**

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
CYSTEAMINE HCL	CYSTARAN CYSTADROPS		33485 40466	GPI-10 (8680552510)	

**GUIDELINES FOR USE**

1. Does the patient have a diagnosis of cystinosis?

If yes, continue to #2.

If no, do not approve.

**DENIAL TEXT:** See the denial text at the end of the guideline.

2. Does the patient require treatment for corneal cystine crystal accumulation or deposits?

If yes, **approve for 12 months for the requested drug by GPID or GPI-14 with a quantity limit as follows:**

- **Cystaran: #15mL (4 bottles) per 28 days.**
- **Cystadrops: #5mL (4 bottles) per 28 days.**

If no, do not approve.

**DENIAL TEXT:** **\*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **CYSTEAMINE HYDROCHLORIDE (Cystaran/Cystadrops)** requires the following rule(s) be met for approval:

- A. You have cystinosis (a type of genetic disorder where a substance called cysteine builds up in body organs)
- B. You require treatment for corneal cystine crystal accumulation or deposits (build up of cysteine in the eye)

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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**RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for Cystaran/Cystadrops.

**REFERENCES**

- Cystaran [Prescribing Information]. Gaithersburg, MD: Leadiant Biosciences, Inc.; May 2018.
- Cystadrops [Prescribing Information]. Lebanon, NJ: Recordati Rare Diseases Inc.; August 2020.

Library	Commercial	NSA
Yes	Yes	No

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