

CYSTEAMINE BITARTRATE

Generic	Brand	HICL	GCN	Exception/Other
CYSTEAMINE BITARTRATE	PROCYSBI		34656 34657 47723 47724	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of nephropathic cystinosis and meet **ALL** of the following criteria?

- The patient is 1 year of age or older
- The patient has previously tried an immediate-release formulation of cysteamine bitartrate such as Cystagon

If yes, **approve for 12 months by GPID for all strengths of the requested drug.**

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 BITARTRATE (Procysbi)** requires the following rule(s) be met for approval:

- A. You have nephropathic cystinosis (rare genetic, metabolic disease which results in an abnormal accumulation of a protein known as cysteine)
- B. You are 1 year of age or older
- C. You have previously tried an immediate-release formulation of cysteamine bitartrate such as Cystagon

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.

RATIONALE

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

REFERENCES

- Procysbi [Prescribing Information]. Novato, CA: Raptor Pharmaceuticals Inc.; February 2020.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 03/09/20
11/15

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P&T Approval: