

Clinical Policy Title:	cysteamine hydrochloride
Policy Number:	RxA.085
Drug(s) Applied:	Cystaran®
Original Policy Date:	02/07/2020
Last Review Date:	12/05/2024
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Corneal Cystine Crystal Accumulation (must meet all):

1. Diagnosis of cystinosis;
2. Presence of corneal cystine accumulation.

Approval Duration

All Lines of Business (except Medicare): 6 months

II. Continued Therapy Approval

A. Corneal Cystine Crystal Accumulation (must meet all):

1. Member is currently receiving medication that has been authorized by RxAdvance or the member has met initial approval criteria.

Approval duration

All Lines of Business (except Medicare): 12 months

References

Not Applicable.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy was established	01/2020	02/07/2020
Policy was reviewed: 1. Clinical policy title was updated. 2. Commercial and Medicaid approval duration was added for both initial and continued therapy criteria. 3. Continued therapy criteria II.A.1 was rephrased to "Member is currently receiving medication...". 4. References were reviewed and updated.	02/02/2021	03/09/2021
Policy was reviewed: 1. Clinical Policy Title: Updated from cysteamine ophthalmic to cysteamine hydrochloride. 2. References were reviewed and updated.	11/24/2021	01/17/2022

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

Policy was reviewed: 1. References were reviewed and updated.	10/03/2022	01/17/2023
Policy was reviewed.	10/19/2023	10/19/2023
Policy was reviewed: 1. Removed prescriber restrictions. 2. Removed dose restrictions. 3. Updated Continued therapy approval with auto-approval based on lookback functionality within the past 120 days. 4. Removed reauthorization requirement for positive response to therapy. 5. Updated approval duration verbiage.	8/28/2024	09/13/2024
Updated Continued therapy approval to “Member is currently receiving medication that has been authorized..”	11/28/2024	12/05/2024