SPECIALTY GUIDELINE MANAGEMENT

CYSTARAN (cysteamine ophthalmic solution)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

Cystaran is indicated for the treatment of corneal cystine crystal accumulation in patients with cystinosis.

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

Cystinosis

Indefinite authorization may be granted for treatment of corneal cystine crystal accumulation when all of the following criteria are met:

1. Diagnosis of cystinosis was confirmed by the presence of increased cystine concentration in leukocytes or by genetic testing
2. Member has corneal cystine crystal accumulation

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

IV. REFERENCES

1. Cystaran [package insert]. Gaithersburg, MD: Sigma-Tau Pharmaceuticals, Inc.; October 2012.
2. Ivanova E, De Leo MG, De Matteis MA, Levtchenko E. Cystinosis: clinical presentation, pathogenesis, and treatment. *Pediatr Endocrinol Rev.* 2014;12(1):176-184.