

## PHARMACY POLICY STATEMENT

### Georgia Medicaid

<b>DRUG NAME</b>	<b>Procysbi and Cystagon (cysteamine bitartrate); Cystaran and Cystadrops (cysteamine hydrochloride solution)</b>
<b>BENEFIT TYPE</b>	Pharmacy
<b>STATUS</b>	Prior Authorization Required

Cysteamine bitartrate, approved by the FDA in 1994 as immediate release Cystagon and in 2013 as extended release Procysbi, is indicated for the treatment of nephropathic cystinosis.

Cystinosis is a rare inherited metabolic disease in which cystine builds up as damaging crystals in organs including the kidneys and eyes. It is caused by *CTNS* gene mutations that result in defective cystinosin transport protein that keeps cystine from effectively exiting lysosomes.

Manifestations can include Fanconi syndrome, renal failure, photophobia due to cystine deposits in the cornea, and endocrine disruption such as hypothyroidism or hypogonadism. Nephropathic (infantile) cystinosis is the most common and most severe type of cystinosis. The adult non-nephropathic ocular form affects the cornea only.

Cysteamine depletes white blood cell (WBC) cystine levels to slow the progression of disease manifestations such as end stage renal disease. Systemic cysteamine does not affect the cornea, thus cysteamine eye drops are indicated when corneal cystine crystals are present.

Cysteamine hydrochloride eye drops are supplied as Cystaran or Cystadrops. Cystadrops can be administered less frequently but has a higher incidence of side effects.

Cysteamine products will be considered for coverage when the following criteria are met:

#### Nephropathic Cystinosis (Procysbi or Cystagon)

For **initial** authorization:

1. Member must be 1 year of age or older if the request is for Procysbi (no limit for Cystagon); AND
2. Medication must be prescribed by or in consultation with a nephrologist or endocrinologist; AND
3. Member has a documented diagnosis of nephropathic cystinosis confirmed by an elevated WBC cystine concentration greater than 2 nmol ½ cystine/mg protein (lab report must include reference values) AND at least one of the following:
  - a) *CTNS* gene mutation
  - b) Presence of corneal crystals, as shown by slit lamp exam performed by an ophthalmologist; AND
4. If the request is for Procysbi, ALL the following that are applicable must be documented in chart notes:
  - a) Inability to reach target cystine level (<1 nmol ½ cystine/mg protein) despite a minimum of 6 months of compliant therapy with Cystagon at max dose (or highest tolerated dose)
  - b) If requesting switch from Cystagon due to intolerance, member must first attempt to temporarily stop therapy, then re-initiate at a lower dose and gradually increase to the proper dose
  - c) If requesting switch from Cystagon due to GI side effects, member must also try taking with a proton pump inhibitor (e.g., omeprazole), in addition to attempting dose adjustment
  - d) NOTE: Any other rationale for switching from Cystagon (aside from inefficacy or intolerance) will

be considered on a case-by-case basis. In general, CareSource does not recognize frequency of dosing convenience or lack of adherence as being indicative of medical necessity.

5. **Dosage allowed/Quantity limit:** Refer to product label for initiation, titration, and adjustment details.  
 Cystagon: Every 6 hours orally  
 Procysbi: Every 12 hours orally  
 Max dose 1.95 g/m<sup>2</sup> /day

***If all the above requirements are met, the medication will be approved for 6 months.***

For **reauthorization:**

1. Lab report must show decreased cystine levels from baseline; AND
2. Chart notes must show stabilized or improved signs and symptoms of disease or slowed progression (e.g., kidney function).

***If all the above requirements are met, the medication will be approved for an additional 12 months.***

### Cystinosis (Cystaran or Cystadrops)

For **initial** authorization:

1. Medication must be prescribed by or in consultation with a nephrologist or ophthalmologist; AND
2. Member has a diagnosis of cystinosis confirmed by an elevated WBC cystine concentration 1 nmol ½ cystine/mg protein or greater; AND
3. Presence of corneal crystal deposits as evidenced by slit lamp exam.
4. **Dosage allowed/Quantity limit:**  
 Cystaran: 1 drop in each eye, every waking hour  
 Cystadrops: 1 drop in each eye, 4 times a day during waking hours  
 QL: 4 bottles per 28 days

***If all the above requirements are met, the medication will be approved for 3 months.***

For **reauthorization:**

1. Chart notes have been provided to show improvement of signs and symptoms of disease (e.g., reduction of corneal cystine crystal accumulation, decreased severity of photophobia).

***If all the above requirements are met, the medication will be approved for an additional 12 months.***

**CareSource considers cysteamine products not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.**

DATE	ACTION/DESCRIPTION
10/07/2020	New policy for Procysbi and Cystagon (cysteamine bitartrate), Cystaran and Cystadrops (cysteamine hydrochloride solution) created
08/09/2023	Transferred to new template. Added QL for eye drops. NC: Added endocrinology as a specialist. Elaborated on dosing information. Specified target cystine level. In renewal, changed “stabilized or decreased” cystine to “decreased.” Updated/added references.

## References:

1. 2021 Georgia Code Title 33 – Insurance Chapter 20A - Managed Health Care Plans Article 2 - Patient's Right to Independent Review § 33-20A-31 Definitions. Justia US Law. Accessed April 25, 2023. <https://law.justia.com/codes/georgia/2021/title-33/chapter-20a/article-2/section-33-20a-31/>.
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13. Cystadrops (cysteamine hydrochloride solution) [package insert]. Lebanon, NJ: Recordati Rare Diseases Inc.; 2020.
14. Kaur S, Sarma P, Kaur H, et al. Efficacy and safety of topical cysteamine in corneal cystinosis: a systematic review and meta-analysis. *American Journal of Ophthalmology*. September 2020. doi:10.1016/j.ajo.2020.07.052
15. Biswas S, Gaviria M, Malheiro L, Marques JP, Giordano V, Liang H. Latest Clinical Approaches in the Ocular Management of Cystinosis: A Review of Current Practice and Opinion from the Ophthalmology Cystinosis Forum. *Ophthalmol Ther*. 2018;7(2):307-322. doi:10.1007/s40123-018-0146-6.

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