



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.

Cystaran SGM P2017

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