Commercial/Healthcare Exchange PA Criteria

Effective: October 2013

Prior Authorization: Procysbi

Products Affected: Procysbi (cysteamine bitartare) delayed release capsules, Procysbi (cysteamine bitartare) oral packet

Medication Description:
Procysbi (cysteamine bitartare) is an aminothiol that participates within lysosomes in a thiol-disulfide interchange reaction converting cystine into cysteine and cysteine-cysteamine mixed disulfide, both of which can exit the lysosome in patients with cystinosis.

Covered Uses: Treatment of nephropathic cystinosis in adults and pediatric patients 1 year of age and older.

Exclusion Criteria:
1. Patients with serious hypersensitivity reaction, including anaphylaxis, to penicillamine or cysteamine.

Required Medical Information:
1. Diagnosis
2. Previous medications tried/failed

Age Restrictions: 1 year of age and older

Prescriber Restrictions: N/A

Coverage Duration: 12 months

Other Criteria:
A. The patient has a documented diagnosis of nephropathic cystinosis; **AND**
B. The patient has a documented failure of, intolerance to, or contraindication of immediate release cysteamine bitartrate (Cystagon)

References:
1. Procysbi full prescribing information. Novato, CA. Raptor Pharmaceuticals

Last Res.3.9.2020

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	October 2013
2.	Update	Updated Template from CCI to EH Updated Exclusion Criteria Added oral packet in Products affected Updated age from 2 years of age or older to 1 years of age or older CCI P&T Review History: 10/13, 10/14, 11/15, 5/16, 5/17, 5/18, 5/19 CCI Revision Record: 5/17, 5/18, 3/19	All	3/9/2020