

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2018 P 1023-7
Program	Prior Authorization/Notification
Medication	Cystaran™ (cysteamine) ophthalmic solution
P&T Approval Date	7/2013, 7/2014, 7/2015, 6/2016, 6/2017, 6/2018
Effective Date	9/1/2018; Oxford only: 9/1/2018

1. Background:

Cystaran (cysteamine) ophthalmic solution is a cystine depleting agent indicated for the treatment of corneal cystine crystal accumulation in patients with cystinosis.

2. Coverage Criteria:

<p>A. <u>Initial Authorization</u></p> <p>1. Cystaran will be approved based on both of the following criteria:</p> <p style="margin-left: 40px;">a. Diagnosis of cystinosis</p> <p style="text-align: center;">-AND-</p> <p style="margin-left: 40px;">b. Treatment of corneal cystine crystal accumulation</p> <p>Authorization will be issued for 12 months.</p> <p>B. <u>Reauthorization</u></p> <p>1. Cystaran will be approved based upon the following criterion:</p> <p style="margin-left: 40px;">a. Documentation of positive clinical response to Cystaran therapy</p> <p>Authorization will be issued for 12 months.</p>
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3. Additional Clinical Rules:

- Supply limits may be in place.

4. References:

1. Cystaran [prescribing information]. Gaithersburg, MD: Sigma-Tau Pharmaceuticals, Inc.; October 2012.

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Change Control	
7/2013	New criteria.
7/2014	Annual review. No changes to the criteria.
10/2014	Modification to implementation date
7/2015	Annual review with no change to criteria.
6/2016	Annual review with no change to criteria. Updated background and references.
6/2017	Annual review with no change to criteria.
6/2018	Annual review with no change to criteria.