

### Clinical Pharmacy Program Guidelines for Cystaran

Program	Prior Authorization
Medication	Cystaran™ (cysteamine) ophthalmic solution
Issue Date	7/2013
Pharmacy and Therapeutics Approval Date	10/2017
Effective Date	11/2017

**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><b>A. <u>Authorization</u></b></p> <p>1. <b>Cystaran</b> will be approved based on the following criteria:</p> <p style="margin-left: 20px;">a. Diagnosis of cystinosis</p> <p style="text-align: center; margin-top: 20px;"><b>Authorization will be issued for 12 months.</b></p>
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**3. References:**

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

Program	Program type – Prior Authorization - Cystaran
<b>Change Control</b>	

Date	Change
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
9/2017	Removed reauthorization criteria and clinical criteria other than diagnosis check to allow for Dx to Rx implementation