

Cysteamine Delayed-release (PROCYSBI®)

Goal(s):

- To restrict use of costly agents to appropriate patient populations.

Length of Authorization:

- Up to 6 months

Requires PA:

- Cysteamine delayed-release capsules (PROCYSBI)

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code	
2. Is the diagnosis nephropathic cystinosis?	Yes: Go to #3	No: Pass to RPh. Deny; medical appropriateness.
3. Is the patient receiving medications through a gastrostomy tube?	Yes: Pass to RPh. Deny; medical appropriateness.	No: Go to #4
4. Has the patient had an adequate trial of cysteamine immediate-release (IR) capsules (CYSTAGON); <u>AND</u> Is the prescriber experienced in managing metabolic diseases such as nephropathic cystinosis; <u>AND</u> Is there documentation of justified patient non-adherence to cysteamine IR that prevents the patient from achieving WBC cysteine levels (<1 nmol ½ cysteine per mg protein)?	Yes: Approve for up to 6 months.	No: Pass to RPh. Deny; medical appropriateness.

P&T/DUR Review: 11/16 (DM); 3/14
Implementation: 1/1/17; 5/1/14