

Cystaran (cysteamine)
Effective 01/01/2023

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Medical Benefit Pharmacy Benefit	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

Overview

Cysteamine reacts with cystine within the lysosome to convert it to cysteine and to a cysteine-cysteamine mixed disulfide, both of which can then exit the lysosome to reduce corneal cystine crystal accumulation in patients with cystinosis, an inherited defect of lysosomal transport.

Coverage Guidelines

Authorization may be reviewed on a case by case basis for members new to the plan who are currently receiving treatment with Cystaran excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

1. The member has a diagnosis of corneal cystine accumulation with cystinosis
2. The provider specialty is an ophthalmologist or drug is being used in consultation with an ophthalmologist.

Continuation of Therapy

Reauthorization requires physician documentation of improvement of member's condition.

Limitations

Authorizations will be approved for 24 months

References

1. Cystaran (cysteamine) [prescribing information]. Gaithersburg, MD: Leadiant Biosciences; February 2022.

Review History

09/24/2020 – Created and Reviewed Sept P&T Mtg. Effective 11/01/20.

09/21/2022 – Reviewed at Sept P&T; Separated Comm/Exch vs MH policies; no clinical updates. Effective 01/01/2023