

Effective date: 02/01/2021
Review: 11/20, 05/21, 04/22, 03/23, 03/24
Scope: Medicaid

Cystadrops (cysteamine ophthalmic solution 0.37%)

POLICY

I. CRITERIA FOR APPROVAL

An authorization of 6 months may be granted for the treatment of corneal cystine crystal deposits in adults and children with cystinosis when all of the following criteria are met:

- A. Diagnosis of cystinosis was confirmed by the presence of increased cystine concentration in leukocytes or by genetic testing;
- B. Member has corneal cysteine deposits confirmed by a slit-lamp examination
- C. Dose of medication does not exceed one drop in each eye, 4 times daily during waking hours
- D. Prescribed by an ophthalmologist or other specialist in the treatment of cystinosis

II. QUANTITY LIMIT

- a. 20 mL (4 bottles)/month

III. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for all members (including new members) who meet the following:

- A. Member is responding positively to therapy as evidenced by improvement or stabilization of corneal cysteine crystal accumulations since starting Cystadrops.

IV. REFERENCES

1. Cystadrops [package insert]. Lebanon, NJ: Recordati Rare Diseases Inc.; February 2024.