

Market Applicability						
Market	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	NA

Procysbi (cysteamine bitartrate, delayed release)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Procysbi (cysteamine bitartrate, delayed release)

APPROVAL CRITERIA

Requests for Procysbi (cysteamine bitartrate, delayed release) may be approved if the following criterion is met:

- I. Documentation is provided that individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to Cystagon (cysteamine bitartrate).

Key References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: September 3, 2019.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Goldfarb DS. Cystine stones. Last updated: March 1, 2018. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. Accessed: September 3, 2019.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.