



Federal Employee Program.

**PROCYSBI
(cysteamine bitartrate)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 1 year of age or older

Diagnosis

Patient must have the following:

Nephropathic cystinosis

AND ALL of the following:

1. Inadequate response or intolerance to prior treatment with Cystagon, immediate-release.
2. Diagnosis confirmed by the presence of increased cystine concentration in leukocytes
3. Prescribed by a physician experienced in management of nephropathic cystinosis
 - a. Such as an endocrinologist, nephrologist, or urologist
4. Agreement to monitor WBC cystine levels (or plasma cysteamine concentration)
 - a. Patients switching from immediate-release: monitor in 2 weeks, then quarterly for 6 months then twice yearly at a minimum

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 1 year of age or older

Diagnosis

Patient must have the following:



**BlueCross
BlueShield**

Federal Employee Program.

**PROCYSBI
(cysteamine bitartrate)**

Nephropathic cystinosis

AND ALL of the following:

1. Prescribed by a physician experienced in management of nephropathic cystinosis
 - a. Such as an endocrinologist, nephrologist, or urologist
2. Agreement to monitor WBC cystine levels (or plasma cysteamine concentration) twice yearly at a minimum

Prior – Approval *Renewal* Limits

Same as above