



**BlueCross  
BlueShield**

Federal Employee Program.

## **TIOPRONIN**

**Thiola (tiopronin) and Thiola EC (tiopronin delayed release tablets)**

### **Pre - PA Allowance**

None

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### **Prior-Approval Requirements**

#### **Diagnosis**

Patient must have the following:

Severe Homozygous Cystinuria

**AND ALL** of the following:

1. Diagnosis confirmed by genetic testing
2. Used for prevention of cystine stones
3. Pretreatment baseline cystine levels have been or will be obtained
4. Prescriber agrees to monitor cystine levels 1 month after initiation of treatment and every 3 months thereafter
5. Used in combination with high fluid intake, alkali, and diet modification
6. Pediatric patients must weigh at least 20 kg

### **Prior - Approval Limits**

**Duration** 12 months

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### **Prior – Approval *Renewal* Requirements**

#### **Diagnosis**

Patient must have the following:

Homozygous Cystinuria

**AND ALL** of the following:

1. Patient has experienced decrease in urinary cystine levels and cystine stone formation compared to pretreatment baseline
2. Prescriber agrees to monitoring cystine levels every 3 months
3. Used in combination with high fluid intake, alkali, and diet modification
4. Pediatric patients must weigh at least 20 kg



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### **Prior - Approval *Renewal* Limits**

Same as above