

Policy Name:	Cystadrops (cysteamine ophthalmic soln 0.37%)	Policy #:	3081P
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Purpose of the Policy

The purpose of this policy is to establish the coverage of Cystadrops.

Statement of the Policy

Health Alliance Medical Plans and Health Alliance Northwest will approve the use of Cystadrops under the Pharmacy benefit when the following criteria have been met.

Criteria

- 1. Coverage Criteria**
 - 1.1 Diagnosis of ocular cystinosis
 - 1.2 Presence of corneal cysteine accumulation
 - 1.3 Ordered by or in consultation with an ophthalmologist (doctor of eye diseases)
- 2. Approval Period**
 - 2.1 Initial: 12 months
 - 2.2 Subsequent Approvals: 12 months with documentation of improved or stable disease

CPT Codes

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HCPCS Codes

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References

1. Cystadrops (cysteamine) [prescribing information]. Cambridge, MA: Sanofi Genzyme, Inc; August 2021.
2. Shams F, Livingstone I, Oladiwura D, Ramaesh K. Treatment of corneal cystine crystal accumulation in patients with cystinosis. Clin Ophthalmol 2014; 8:2077.
3. Liang H, Labbé A, Le Mouhaër J, et al. A New Viscous Cysteamine Eye Drops Treatment for Ophthalmic Cystinosis: An Open-Label Randomized Comparative Phase III Pivotal Study. Invest Ophthalmol Vis Sci 2017; 58:2275.

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DISCLAIMER This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and

implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage