



**GEORGIA MEDICAID FEE-FOR-SERVICE
CYSTINE DEPLETING AGENTS PA SUMMARY**

| Preferred | Non-Preferred |
|---|--|
| Cystadrops (cysteamine ophthalmic solution 0.37%)* Cystagon (cysteamine bitartrate capsules) Cystaran (cysteamine ophthalmic solution 0.44%)* | Procysbi (cysteamine bitartrate delayed-release capsules and granules) |

*preferred but requires PA

LENGTH OF AUTHORIZATION: 1 year

NOTE: Cystadrops and Cystaran are preferred but require prior authorization.

PA CRITERIA:

Cystadrops and Cystaran

- ❖ Approvable for members 1 year of age or older with a diagnosis of cystinosis who have corneal cystine crystal deposits.

Procysbi

- ❖ Approvable for members 1 year of age or older with a diagnosis of nephrotic cystinosis who have a gastrostomy (G) tube; otherwise, prescriber must submit a written letter of medical necessity stating the reasons the preferred product, Cystagon, is not appropriate for the member.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA AND APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.