



PROCYSBI PA SUMMARY

PREFERRED	Cystagon (cysteamine bitartrate capsules)
NON-PREFERRED	Procysbi (cysteamine bitartrate delayed-release capsules)

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

- ❖ Physician should submit a written letter of medical necessity stating the reason(s) the preferred product which is dosed four-times daily, 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 **Catamaran at 1-866-525-5827.**

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.