

Thiola (tiopronin)

Coverage Criteria:

Reserved for members with severe homozygous cystinuria that meet all of the following criteria:

1. Urinary cystine greater than 500 mg/day after treatment with all of the following conservative measures:
 - a. high fluid intake; and,
 - b. alkali and diet modification; and,
 - c. potassium citrate; and,
 - d. captopril; and,
2. The patient and/or guardian has attested that they will adhere to the treatment plan; and,
3. When prescribed according to the FDA approved regimen.

Brand name drugs for which there is an equivalent generic are reserved for patients with a documented allergic reaction to the equivalent generic. Patients must meet all other coverage criteria.

Prescriber Restriction:

Prescribed by a Nephrologist

Renewal Criteria:

Renewals will be provided annually with documentation that the patient has been seen within the last 14 months and the medication continues to be effective.

Coverage Duration:

Initial authorizations will be for 6 months.

Reauthorizations will be provided with a demonstrated reduction urinary cysteine. Medical chart documentation is required. Subsequent approvals will be provided for 12 months.

Other Criteria:

None