



PRIOR AUTHORIZATION POLICY

- POLICY:** Metabolic Disorders – Tiopronin Products Prior Authorization Policy
- Thiola® (tiopronin tablets – Mission Pharmacal, generic)
 - Thiola® EC (tiopronin delayed-release tablets – Mission Pharmacal)

REVIEW DATE: 10/25/2023

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Tiopronin tablets (Thiola, generic) and Thiola EC are indicated, in combination with high fluid intake, alkali, and diet modification, for the prevention of cystine kidney stone formation in adults and pediatric patients ≥ 20 kg with severe homozygous **cystinuria**, who are not responsive to these measures alone.^{1,2}

Disease Overview

Cystinuria is an autosomal recessive disorder of abnormal cystine transport.³ The estimated prevalence is 1:7,000 to 1:10,000 individuals in the US. Excessive undissolved cystine in the urine leads to formation of stones in the kidney, bladder, and/or ureter. Symptoms typically begin to manifest between 10 and 30 years of age, although elevated cystine excretion may be found in infancy. Diagnosis is made clinically based on quantitative urinary cystine assays; genetic testing is not routine as it does not change medical management.⁴ Homozygotes exhibit urinary cystine excretion > 300 to 400 mg/L/day, whereas heterozygotes have intermediate urinary cystine excretion. Treatment is directed at decreasing urinary cystine concentration (generally targeting a urine cystine < 250 mg/L) and enhancing solubility.^{4,5} Tiopronin products work by binding to cystine and increasing urinary solubility.⁴

Guidelines

According to the American Urological Association guideline for medical management of kidney stones (2014, confirmed 2019), all patients with cystine kidney stones should be encouraged to drink large amounts of fluid to maintain low urinary cystine concentrations; often volumes of 4 liters per day are required.⁵ Recommended dietary modifications include restriction of sodium and animal proteins. Alkalinization of urine is also used to improve cystine solubility. This can be achieved through increased fruit and vegetable intake and/or with medications such as potassium citrate. The guideline recommends tiopronin for patients with cystine kidney stones who are unresponsive to increased fluid intake, dietary modification, and urinary alkalinization. Captopril, another thiol agent, has not been shown to be effective for the prevention of recurrent cystine stones. D-penicillamine may be associated with more adverse events and is not preferred.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of tiopronin products. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with tiopronin products, approval requires the requested medication to be prescribed by or in consultation with a physician who specializes in the condition being treated.

- **Thiola[®] (tiopronin tablets – Mission Pharmacal, generic)**
- **Thiola[®] EC (tiopronin delayed-release tablets – Mission Pharmacal)**

is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):

FDA-Approved Indication

1. **Cystinuria.** Approve for 1 year if the patient meets the following (A, B, C, and D):
 - A) Patient weighs \geq 20 kg; AND
 - B) Diagnosis of cystinuria has been confirmed based on laboratory testing (e.g., urinary cystine crystals present on microscopy, quantitative urine cystine assay); AND
 - C) According to the prescriber, the patient has had an inadequate response to high fluid intake, dietary modification, and urinary alkalinization; AND
 - D) The medication is prescribed by or in consultation with a nephrologist, urologist, or physician who specializes in the treatment of cystinuria.

CONDITIONS NOT COVERED

- **Thiola[®] (tiopronin tablets – Mission Pharmacal, generic)**
- **Thiola[®] EC (tiopronin delayed-release tablets – Mission Pharmacal)**

is(are) considered experimental, investigational, or unproven for ANY other use(s).

REFERENCES

1. Thiola® tablets [prescribing information]. San Antonio, TX: Mission Pharmacal; June 2019.
2. Thiola® EC delayed-release tablets [prescribing information]. San Antonio, TX: Mission Pharmacal; March 2021.
3. Cystinuria. National Organization for Rare Disorders. Updated 2020. Available at: <https://rarediseases.org/rare-diseases/cystinuria/>. Accessed on October 10, 2023.
4. Castro Pereira DJ, Schoolwerth AC, Pais VM. Cystinuria: current concepts and future directions. *Clin Nephrology*. 2015;83(3):138-146.
5. Pearle MS, Goldfarb DS, Assimos DG, et al. American Urological Association. Medical management of kidney stones: AUA guideline. *J Urol*. 2014;192(2):316-24.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	Cystinuria: A requirement was added that the patient weighs greater than or equal to 20 kg.	10/05/2022
Annual Revision	No criteria change.	10/25/2023

"Cigna Companies" refers to operating subsidiaries of Cigna Corporation. All products and services are provided exclusively by or through such operating subsidiaries, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation. © 2023 Cigna