

Policy Name:	Thiola (tiopronin)	Policy #:	2324P
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Purpose of the Policy

The purpose of this policy is to establish prior authorization criteria for Thiola (tiopronin), Thiola EC, tiopronin, and tiopronin delayed release.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Thiola, Thiola EC, tiopronin, or tiopronin delayed release when the following criteria have been met.

Criteria

1. Coverage Criteria

- 1.1 Diagnosis of severe homozygous cystinuria with urinary cysteine > 500mg/day
- 1.2 Patient weighs ≥ 20 kg
- 1.3 Prescribed by a Urologist (urinary tract doctor) or nephrologist (kidney doctor)
- 1.4 Documentation that patient has tried conservative measures (high fluid intake, alkali and diet modification, sodium and protein restriction)

2. Approval Period

- 2.1 Initial: 12 months
- 2.2 Reauthorization: 12 months with documented clinical benefit

CPT Codes

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HCPCS Codes

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References

1. Thiola (tiopronin) [prescribing information]. San Antonio, TX: Mission Pharmacal; January 2021.
2. Pearle MS, Goldfarb DS, Assimos DG, et al. Medical Management of Kidney Stones: AUA Guideline. 2014. <http://www.auanet.org/common/pdf/education/clinical-guidance/Medical-Management-of-Kidney-Stones.pdf>.
3. Modersitzki F, Goldfarb DS, Goldstein RL, et al. Assessment of health-related quality of life in patients with cystinuria on tiopronin therapy. *Urolithiasis* 2020; 48:313.

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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.