

POLICY NAME	Thiola (tiopronin)	POLICY #	2324P
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Criteria

Coverage Criteria

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