

<b>POLICY NAME</b>	Thiola (tiopronin)	<b>POLICY #</b>	<b>2324P</b>
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## Criteria

### Coverage Criteria

- ☐ 1.1 Diagnosis of severe homozygous cystinuria with urinary cysteine > 500mg/day
- ☐ 1.2 Patient weighs  $\geq 20$  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)