

Pharmacy Drug Policy Checklist

POLICY NAME	Cystadrops (cysteamine ophthalmic soln 0.37%)	POLICY #	3081P
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Criteria

Coverage Criteria

- ☐ 1.1 Diagnosis of ocular cystinosis
- ☐ 1.2 Presence of corneal cysteine accumulation
- ☐ 1.3 Ordered by or in consultation with an ophthalmologist (doctor of eye diseases)