

## **PRIOR AUTHORIZATION POLICY**

**POLICY:** Metabolic Disorders – Tiopronin Products Prior Authorization Policy

- Thiola<sup>®</sup> (tiopronin tablets Mission Pharmacal, generic)
- Thiola<sup>®</sup> EC (tiopronin delayed-release tablets Mission Pharmacal, generic)
- Venxxiva® (tiopronin delayed-release tablets Torrent [generic only])

**REVIEW DATE:** 02/05/2025

#### INSTRUCTIONS FOR USE

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# CIGNA NATIONAL FORMULARY COVERAGE:

### **OVERVIEW**

Tiopronin products 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  $\geq 20$  kg with severe homozygous **cystinuria**, who are not responsive to these measures alone. Amongst the tiopronin delayed-release formulations, Venxxiva is a branded generic product and is supplied in the same dosage strength as Thiola EC.

#### **Disease Overview**

Cystinuria is an autosomal recessive disorder of abnormal cystine transport.<sup>3</sup> 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.<sup>4</sup> 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.<sup>4,5,7</sup> Tiopronin products work by binding to cystine and increasing urinary solubility.<sup>4</sup>

#### 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. Recommended dietary modifications include restriction of sodium and animal proteins. Alkalization 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 alkalization. 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 as well as the monitoring required for adverse events and long-term efficacy, approval requires tiopronin products to be prescribed by or in consultation with a physician who specializes in the condition being treated.

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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 ALL of the following (A, B, C, and D):
  - **A)** Patient weighs ≥ 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 alkalization; AND
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**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**

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is(are) considered experimental, investigational or unproven for ANY other use(s) including the following; criteria will be updated as new published data are available

#### 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: <a href="https://rarediseases.org/rare-diseases/cystinuria/">https://rarediseases.org/rare-diseases/cystinuria/</a>. Accessed on January 31, 2025.
- 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.
- 6. Venxxiva® delayed-release tablets [prescribing information]. Cambridge, UK: Torrent; December 2024.
- 7. Azer SM, Goldfarb DS. A Summary of Current Guidelines and Future Directions for Medical Management and Monitoring of Patients with Cystinuria. Healthcare (Basel). 2023 Feb 24;11(5):674.

#### HISTORY

Type of	Summary of Changes	Review
Revision		Date
Annual	No criteria changes.	10/25/2023
Revision		
Annual	No criteria changes.	10/23/2024
Revision	_	
Early Annual	Added Venxxiva, a branded generic tiopronin delayed-release	02/05/2025
Revision	product, to the Policy; the same criteria apply for all tiopronin	
	products.	

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