

Prior Authorization (PA) Checklist

Insurers may require a prior authorization (PA) as part of a claim submission. The following checklist can serve as a guide to completing a PA.

IMPORTANT NOTE: This checklist is for informational purposes only. Use of this checklist does not guarantee coverage and is not intended to be a substitute for an influence on the independent medical judgment of the physician.

Requirements may vary by insurance plan. Below are common criteria that may be requested when a PA is required. A representative from the [Leadiant Rare Care Team](#) can assist in navigating insurance processes and accessing treatment.

Step 1 Benefits Investigation

- Complete and submit the Patient Enrollment Form or e-prescription to access patient-focused services and resources. Contact the health plan to understand the process, requirements, approval timeline, and other relevant information needed.

Step 2 Gather Information

- Patient Information
 - ▶ Name
 - ▶ Date of Birth
 - ▶ Contact Information
 - ▶ Health Plan
 - Member ID
 - Policy Number
 - Group Number
 - Phone/Fax Number
- Provider Information
 - ▶ Provider Name
 - ▶ NPI #
 - ▶ Contact Information
- Clinical Information
 - ▶ Diagnosis/ICD-10-CM Code
 - Cystinosis E72.04
 - ▶ Diagnosis confirmed by one or more of the following methods:
 - Genetic test confirming mutation of the *CTNS* gene
 - Demonstration of cystine corneal crystals by slit-lamp examination - recommend connecting with patients' [ophthalmologist](#)
 - ▶ Treatment Information
 - Note any previous ophthalmic therapies for corneal crystals and patient experience
 - If medication was discontinued, list all reasons for discontinuation.
 - Include a Letter of Medical Necessity
 - Note any consultations with a specialist (e.g., [ophthalmologist](#), geneticist, urologist, nephrologist, or endocrinologist)

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Step 3

PA Submission

Final Review

- Submit the PA directly to the health plan or by using an electronic PA submission service such as CoverMyMeds®
- Verify that the PA (including the number of pages) was received
- Check with the patient's plan to see how long it typically takes for a PA to be reviewed
- Communicate with the Leadiant Rare Care Team to follow up on status and see if any additional information is required

For additional information or assistance, please call the [Leadiant Rare Care Team](#), a patient support program through [Walgreens Specialty Pharmacy](#) at 1-877-534-9627.



Available Monday through Friday, 8AM to 8PM EST



Stay updated on [CYSTARAN®](#)
If you would like to receive additional information regarding [CYSTARAN®](#)
(cysteamine ophthalmic solution) 0.44%, please email
cystaraninforequest@leadiant.com.

INDICATION & IMPORTANT SAFETY INFORMATION

CYSTARAN® (cysteamine ophthalmic solution) 0.44% is a cystine-depleting agent indicated for the treatment of corneal cystine crystal accumulation in patients with cystinosis.

IMPORTANT SAFETY INFORMATION

- To minimize contaminating the dropper tip and solution, care should be taken not to touch the eyelids or surrounding areas with the dropper tip of the bottle. Keep bottle tightly closed when not in use.
- There have been reports of benign intracranial hypertension (or pseudotumor cerebri) associated with oral cysteamine treatment that has resolved with the addition of diuretic therapy. There have also been reports associated with ophthalmic use of cysteamine; however, all of these patients were on concurrent oral cysteamine.
- CYSTARAN contains benzalkonium chloride, which may be absorbed by soft contact lenses. Contact lenses should be removed prior to application of solution and may be reinserted 15 minutes following its administration.
- CYSTARAN is for topical ophthalmic use only.
- The most frequently reported ocular adverse reactions occurring in $\geq 10\%$ of patients were sensitivity to light, redness, and eye pain/irritation, headache and visual field defects.

Please refer to CYSTARAN's Full Prescribing Information, available [here](#).