PREFERRED SPECIALTY MANAGEMENT POLICY

POLICY: Metabolic Disorders – Tiopronin Products Preferred Specialty Management Policy
- Thiola® (tiopronin tablets – Mission Pharmacal, generic)
- Thiola® EC (tiopronin delayed-release tablets – Mission Pharmacal, generic)

REVIEW DATE: 08/07/2024; effective 10/21/2024

OVERVIEW

Tiopronin tablets (Thiola, Thiola EC, generics) are indicated, in combination with high fluid intake, alkali, and diet modification, for severe homozygous **cystinuria**, for the prevention of cystine kidney stone formation in adults and pediatric patients ≥ 20 kg, who are not responsive to these measures alone.[1,2]

POLICY STATEMENT

This Preferred Specialty Management program has been developed to encourage the use of the Preferred Product. For all medications (Preferred and Non-Preferred), the patient is required to meet the respective standard *Prior Authorization Policy* criteria. The program also directs the patient to try one Preferred Product prior to the approval of the Non-Preferred Product. Requests for the Non-Preferred Product will also be reviewed using the exception criteria (below). All approvals are provided for the duration listed in the Metabolic Disorders – Tiopronin Products Prior Authorization Policy.

Documentation: Documentation is required for use of generic tiopronin delayed-release tablets and generic tiopronin tablets as noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, prescription claims records, prescription receipts, and/or other information.

Automation: None.

Preferred Products: generic tiopronin delayed-release tablets, generic tiopronin tablets
Non-Preferred Products: Thiola EC, Thiola

RECOMMENDED EXCEPTION CRITERIA

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.