

CYSTINURIA MANAGEMENT PROGRAM

FREE* 24-HOUR CYSTINE URINE TEST

The 24-Hour Cystine Urine Test is simple and convenient to order.

As part of the Cystinuria Management Program (CMP), the free 24-Hour Cystine Urine Test is an essential tool to monitor cystine levels in patients with cystinuria.¹

4 simple steps to bring your patients one step closer to stone prevention

1

Enroll your patients with cystinuria.

For each patient, complete and sign the enclosed Test Request Form and fax to 1-844-889-2577.

Preselect frequency of the free 24-Hour Cystine Urine Test (e.g., every 3 months, every 6 months, etc.) as part of routine monitoring.

2

The kit will be mailed directly to your patient at no cost to them.

Comprehensive instructions will be provided to help your patient navigate each step of the 24-Hour Cystine Urine Test.

3

The test results will be sent to you.

Easy-to-read test results will be sent directly to you, the physician.

4

Adjust treatment plan based on test results.

Review results of the 24-Hour Cystine Urine Test with your patient and make any necessary changes to his/her management plan.

The American Urological Association (AUA) recommends using the 24-Hour Cystine Urine Test to measure and monitor cystine levels¹

Please contact your Retrophin Clinical Account Manager with any questions regarding the program.

To download additional Test Request Forms, visit www.thiolaechcp.com/download.

*Free to patients diagnosed with cystinuria.

THE AUA RECOMMENDS USING THE 24-HOUR CYSTINE URINE TEST TO MEASURE AND MONITOR CYSTINE LEVELS¹

The 24-Hour Cystine Urine Test is an essential tool to monitor cystine levels.¹

Use the 24-Hour Cystine Urine Test results to inform important management decisions.^{1,2}

- The AUA recommends obtaining a 24-hour urine collection to assess patient adherence and metabolic response to dietary and/or medical therapy.¹
- The 24-Hour Cystine Urine Test results can help assess how well patients' management plans are working.¹
 - Since elevated cystine levels can lead to stone formation, 24-Hour Cystine Urine Test results can help assess your patients' risks of forming stones. To help your patients with cystinuria avoid stone events, manage cystine levels to <250 mg/L.^{1,3}
- Management of cystine stones can include¹
 - Increasing fluid intake to achieve a minimum urine output of 2.5 L/day¹
 - Limiting sodium and animal protein intake
 - Maintaining a urinary pH of 7.0
 - Administering or adjusting the dose of a thiol-binding medication to patients who are unresponsive to dietary modifications and urinary alkalization alone, or have large recurrent stone burdens

Regular monitoring of cystine levels using the 24-Hour Cystine Urine Test can help inform and optimize management decisions in your patients with cystinuria.^{1,2}

References: 1. Pearle MS, Goldfarb DS, Assimos DG, et al. Medical management of kidney stones: AUA guideline. *J Urol*. 2014;192(2):316-324. doi:10.1016/j.juro.2014.05.006. 2. Knoll T, Zöllner A, Wendt-Nordahl G, Michel MS, Alken P. Cystinuria in childhood and adolescence: recommendations for diagnosis, treatment, and follow-up. *Pediatr Nephrol*. 2005;20(1):19-24. doi:10.1007/s00467-004-1663-1. 3. Pareek G, Steele TH, Nakada SY. Urological intervention in patients with cystinuria is decreased with medical compliance. *J Urol*. 2005;174(6):2250-2252. doi:10.1097/01.ju.0000181817.89703.66.



CYSTINURIA MANAGEMENT PROGRAM ENROLLMENT FORM

24-HOUR CYSTINE URINE TEST REQUEST

Patient information

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____
DATE OF BIRTH _____ GENDER (M/F) _____
MEDICAL RECORD # (MRN) _____ HEIGHT (inches) _____ WEIGHT (pounds) _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
HOME PHONE # _____ MOBILE PHONE # _____
EMAIL _____
CURRENTLY ON THIOL-BINDING MEDICATION: YES NO
IF YES, WHICH MEDICATION? _____

ALL PATIENT INFORMATION ABOVE MUST BE COMPLETED.

Practitioner information

LAST NAME _____ FIRST NAME _____
FACILITY NAME _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
OFFICE/PRACTITIONER PHONE # _____ FAX # _____
PRACTITIONER NPI # _____ OFFICE CONTACT NAME _____
PRACTITIONER EMAIL _____

ALL PRACTITIONER INFORMATION ABOVE MUST BE COMPLETED.

Order

Diagnosis: E72.01 CYSTINURIA OTHER _____

Diagnosis in ICD-CM format in effect at date of service (highest specificity required)

24-hour cystine urine panels (for patients with known cystinuria)

TESTS

| | | |
|-----------------------|---------------|----------------|
| Cystine concentration | Urine pH | Urine Sodium |
| Timed collection | Urine volume | Urine Nitrogen |
| Quantitative cystine | Urine Calcium | Creatinine |

ALL TESTS WILL BE PERFORMED ON EACH 24-HOUR URINE COLLECTION.

Testing will be performed by Select Reference Laboratories, LLC.

TEST FREQUENCY INSTRUCTIONS, SEND COLLECTION KIT TO PATIENT EVERY:

3 MONTHS* 4 MONTHS* 6 MONTHS* 12 MONTHS* HOLD SHIPMENT OF TEST UNTIL: ____/____/____

Prescriber Direction: _____

*In a 12-month period.

For questions regarding this program,
contact the Cystinuria Management Program at:

1-855-846-5390, M-F: 8:00AM-8:00 PM (ET)

FAX THIS COMPLETED FORM TO 1-844-889-2577.

All faxed orders will be processed next business day.

Criteria for free testing:

Patient has been diagnosed with cystinuria.

I hereby attest that the patient has been diagnosed with cystinuria and is a candidate for this 24-Hour Cystine Urine Test. I understand that the diagnostic testing services offered under this program are directional in nature and that they do not eliminate the need for additional medical management.

Authorized practitioner signature _____

Date _____

Program may be cancelled or changed at any time.

