

5.99.034

Section:	Prescription Drugs	Effective Date:	July 1, 2026
Subsection:	Miscellaneous Products	Original Policy Date:	May 1, 2026
Subject:	Zycubo	Page:	1 of 4

Last Review Date: June 11, 2026

Zycubo

Description

Zycubo (copper histidinate)

Background

Menkes disease is an X-linked recessive disorder caused by pathogenic variants in the copper transport ATPase encoded by ATP7A. Patients with Menkes disease have impaired absorption of copper from their diet, impaired transport of copper across the blood-brain barrier, and dysregulation of many copper-dependent enzymes. Zycubo is a bioavailable copper replacement therapy that is administered as a subcutaneous injection to bypass the impaired gastrointestinal absorption observed in patients with Menkes disease (1).

Regulatory Status

FDA-approved indication: Zycubo is a copper replacement product indicated for the treatment of Menkes disease in pediatric patients (1).

Limitations of Use:

Zycubo is not indicated for the treatment of Occipital Horn Syndrome (1).

Treatment with Zycubo may lead to further copper accumulation and has the potential to result in drug-induced kidney injury, liver dysfunction, and hematological abnormalities. Monitor patients during Zycubo treatment and adjust dose if necessary (1).

The safety and effectiveness of Zycubo in pediatric patients have been established (1).

Section:	Prescription Drugs	Effective Date:	July 1, 2026
Subsection:	Miscellaneous Products	Original Policy Date:	May 1, 2026
Subject:	Zycubo	Page:	2 of 4

Related policies

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Zycubo may be considered **medically necessary** if the conditions indicated below are met.

Zycubo may be considered **investigational** for all other indications.

Prior-Approval Requirements

Diagnosis

Patient must have the following:

Menkes disease

AND ALL of the following:

- Variant in the *ATP7A* gene
- Pretreatment serum copper levels < 75 mcg/dL
- Prescriber agrees to monitor serum copper and ceruloplasmin levels, serum electrolytes, kidney and liver function, and complete blood count (CBC) at baseline and as clinically indicated
- Prescribed by or in consultation with a gastroenterologist, neurologist, geneticist, or specialist in the treatment of Menkes disease

Prior – Approval *Renewal* Requirements

Diagnosis

Patient must have the following:

Menkes disease

AND ALL of the following:

- NO** unacceptable toxicity

Section:	Prescription Drugs	Effective Date:	July 1, 2026
Subsection:	Miscellaneous Products	Original Policy Date:	May 1, 2026
Subject:	Zycubo	Page:	3 of 4

- b. Prescriber agrees to monitor serum copper and ceruloplasmin levels, serum electrolytes, kidney and liver function, and complete blood count (CBC) as clinically indicated

Policy Guidelines

Pre – PA Allowance

None

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

Zycubo is a copper replacement product indicated for the treatment of Menkes disease in pediatric patients. Zycubo is not indicated for the treatment of Occipital Horn Syndrome. Treatment with Zycubo may lead to further copper accumulation and has the potential to result in drug-induced kidney injury, liver dysfunction, and hematological abnormalities. The safety and effectiveness of Zycubo in pediatric patients less than 18 years of age have been established (1).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Zycubo while maintaining optimal therapeutic outcomes.

References

1. Zycubo [package insert]. Solana Beach, CA: Sentynt Therapeutics, Inc.; January 2026.

Policy History

Date	Action
May 2026	Addition to PA
June 2026	Annual review

Keywords

Section:	Prescription Drugs	Effective Date:	July 1, 2026
Subsection:	Miscellaneous Products	Original Policy Date:	May 1, 2026
Subject:	Zycubo	Page:	4 of 4

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on June 11, 2026 and is effective on July 1, 2026.