Reference number(s)
4875-D

This document applies to the following:

Formulary	Applies
Standard Control (SF)	☑
Standard Control Choice (SCCF)	☑
Preferred Drug Plan Design (PDPD)	☐
Advanced Control Specialty (ACSF)	☑
Advanced Control Specialty Choice (ACSCF)	☑
Managed Medicaid Template (MMT)	☐
Marketplace (MF)	☐
Aetna Small Group Affordable Care Act (SG ACA) Aetna Health Exchange (AHE)	☐
Value (VF)	☑

Formulary	Applies
New to Market (NTM)	☐
Standard Formulary Chart (SFC)	☑
Basic Control Chart Preferred Drug Plan Design (BCC PDPD)	☐
Advanced Control Specialty Formulary Chart (ACSFC)	☑
Value Formulary Chart (VFC)	☑
Medical Benefit	☐
Medical Benefit: Advanced Biosimilars First	☐
Combined Benefit Management (CBM)	☐
Combined Benefit Management Pharmacy (CBMP)	☐
Medical Benefit Managed Medicaid (MMMB)	☐

Exceptions Criteria
Wilson's Disease

This document informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

These criteria were developed to align with the following: Standard Control Formulary (SF), Standard Control Choice Formulary (SCCF), Advanced Control Specialty Formulary (ACSF), Advanced Control Specialty – Choice Formulary (ACSCF), Value Formulary (VF), Standard Formulary Chart (SFC), Advanced Control Specialty Formulary Chart (ACSFC), and Value Formulary Chart (VFC).

Plan Design Summary

This program applies to Wilson's Disease products specified in this document. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred product and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to all members requesting treatment with a targeted product.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. Wilson's Disease Products

Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

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	Product(s)
Preferred	• penicillamine (generic) • trientine (generic)
Targeted	• Cuprimine (penicillamine) • Cuvrior (trientine) • Syprine (trientine)

Exception Criteria

Cuprimine

Coverage for Cuprimine is provided when both of the following criteria are met:

- Member has failed treatment with the preferred generic product (penicillamine) due to an intolerable adverse event (e.g., rash, nausea, vomiting) and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information (i.e., known adverse reaction for both the brand and generic medication).
- The adverse event is documented in member's chart. Submission of one of the following is required for approval:
    - Specific and detailed chart documentation including description, date and time, severity of the adverse event, dosage, duration of generic medication treatment, required intervention (if any), and relevant tests or laboratory data (if any).
    - MedWatch form of this trial and failure including the adverse reaction.

Syprine or Cuvrior

Coverage for Syprine or Cuvrior is provided when both of the following criteria are met:

- Member has failed treatment with the preferred generic product (trientine) due to an intolerable adverse event (e.g., rash, nausea, vomiting) and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information (i.e., known adverse reaction for both the brand and generic medication).
- The adverse event is documented in member's chart. Submission of one of the following is required for approval:
    - Specific and detailed chart documentation including description, date and time, severity of the adverse event, dosage, duration of generic medication treatment, required intervention (if any), and relevant tests or laboratory data (if any).
    - MedWatch form of this trial and failure including the adverse reaction.

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1. Cuprimine [package insert]. Bridgewater, NJ: Bausch Health US, LLC; October 2020.
2. Cuvrior [package insert]. Evreux, France: Orphalan; January 2024.
3. Penicillamine [package insert]. Parsippany, NJ: Teva Pharmaceuticals.; September 2024.
4. Syprine [package insert]. Bridgewater, NJ: Bausch Health US, LLC; September 2020.
5. Trientine [package insert].Ewing, NJ: Navinta LLC; January 2025.

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