

STEP THERAPY CRITERIA

BRAND NAME*
(generic)

CUPRIMINE
(penicillamine)

CUVRIOR
(trientine tetrahydrochloride)

SYPRINE
(trientine hydrochloride)

Status: CVS Caremark® Criteria

Type: Initial Step Therapy; Post Step Therapy Prior Authorization

POLICY

FDA-APPROVED INDICATIONS

Cuprimine

Cuprimine is indicated in the treatment of Wilson's disease, cystinuria, and in patients with severe, active rheumatoid arthritis who have failed to respond to an adequate trial of conventional therapy. Available evidence suggests that Cuprimine is not of value in ankylosing spondylitis.

Cuvrior

Cuvrior is indicated for the treatment of adult patients with stable Wilson's disease who are de-coppered and tolerant to penicillamine.

Syprine

Syprine is indicated in the treatment of patients with Wilson's disease who are intolerant of penicillamine. Clinical experience with Syprine is limited and alternate dosing regimens have not been well-characterized; all endpoints in determining an individual patient's dose have not been well defined. Syprine and penicillamine cannot be considered interchangeable. Syprine should be used when continued treatment with penicillamine is no longer possible because of intolerable or life endangering side effects.

Unlike penicillamine, Syprine is not recommended in cystinuria or rheumatoid arthritis. The absence of a sulfhydryl moiety renders it incapable of binding cystine and, therefore, it is of no use in cystinuria. In 15 patients with rheumatoid arthritis, Syprine was reported not to be effective in improving any clinical or biochemical parameter after 12 weeks of treatment. Syprine is not indicated for treatment of biliary cirrhosis.

INITIAL STEP THERAPY*

**Include Rx and OTC products unless otherwise stated.*

INITIAL STEP THERAPY For PENICILLAMINE CAPSULES (Cuprimine):

If the patient has filled a prescription for at least a 30-day supply of Depen or penicillamine tablets within the past 180 days under a prescription benefit administered by CVS Caremark, then the requested drug will be paid under that prescription benefit. If the patient does not meet the initial step therapy criteria, then the claim will reject with a message indicating that a prior authorization (PA) is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

Cuprimine, Cuvrior, Syprine ST, Post PA Policy UDR 04-2024.docx

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INITIAL STEP THERAPY For TRIENTINE HYDROCHLORIDE (Syprine):

If the patient has filled a prescription for at least a 30-day supply of penicillamine tablets or capsules within the past 180 days under a prescription benefit administered by CVS Caremark, then the requested drug will be paid under that prescription benefit. If the patient does not meet the initial step therapy criteria, then the claim will reject with a message indicating that a prior authorization (PA) is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

INITIAL STEP THERAPY For TRIENTINE TETRAHYDROCHLORIDE (Cuvrior):

If the patient has filled a prescription for at least a 290-day supply of penicillamine tablets or capsules within the past 365 days under a prescription benefit administered by CVS Caremark, then the requested drug will be paid under that prescription benefit. If the patient does not meet the initial step therapy criteria, then the claim will reject with a message indicating that a prior authorization (PA) is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The request is for penicillamine capsules (Cuprimine)
AND
 - The requested drug is being prescribed for the treatment of Wilson's disease**OR**
 - The requested drug is being prescribed for the treatment of cystinuria**OR**
 - The requested drug is being prescribed for the treatment of severe, active rheumatoid arthritis in a patient who has failed to respond to an adequate trial of conventional therapy [Note: Conventional therapy for rheumatoid arthritis may include disease-modifying antirheumatic drugs (DMARDs) such as methotrexate, leflunomide, hydroxychloroquine, or sulfasalazine.]**AND**
 - The patient has experienced an intolerance to penicillamine tablets (generic Depen) due to an adverse event (e.g., rash, nausea, vomiting, anaphylaxis) that is thought to be due to an inactive ingredient
- OR**
 - The request is for trientine hydrochloride (Syprine)
AND
 - The requested drug is being prescribed for the treatment of Wilson's disease**AND**
 - The patient has experienced an intolerance to penicillamine tablets (generic Depen)
- OR**
 - The request is for Cuvrior (trientine tetrahydrochloride) for the treatment of stable Wilson's disease
AND
 - The patient is de-coppered**AND**
 - The patient is tolerant to penicillamine

Duration of Approval (DOA):

- 1677-D: DOA: 12 months

REFERENCES

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2. Cuvrior [package insert]. Chicago, IL: Orphalan SA; April 2022.
3. Syprine [package insert]. Bridgewater, NJ: Bausch Health US, LLC; September 2020.
4. Depen [package insert]. Canonsburg, PA: Meda Pharmaceuticals Inc.; July 2023.
5. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2024. <https://online.lexi.com>. Accessed March 4, 2024.

Cuprimine, Cuvrior, Syprine ST, Post PA Policy UDR 04-2024.docx

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6. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 03/04/2024).
7. Fraenkel L, Bathon JM, England BR, et al. 2021 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis. *Arthritis Care Res.* 2021;73(7):924-939.
8. Schilsky ML, Roberts EA, Bronstein JF, et. al. A multidisciplinary approach to the diagnosis and management of Wilson disease: 2022 Practice Guidance on Wilson disease from the American Association for the Study of Liver Diseases. *Hepatology.* 2022. doi: 10.1002/hep.32801. Epub ahead of print.