

# PRIOR AUTHORIZATION CRITERIA

**BRAND NAME**  
(generic)

**CUPRIMINE**  
(penicillamine)

**DEPEN**  
(penicillamine)

**SYPRINE**  
(trientine)

**Status: CVS Caremark Criteria**  
**Type: Initial 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

#### **Depen**

Depen 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 Depen is not of value in ankylosing spondylitis

#### **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.

### COVERAGE CRITERIA

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

- The request is for Cuprimine or Depen for the treatment of Wilson's disease, cystinuria, or for a patient with severe, active rheumatoid arthritis 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.]

**OR**

- The request is for trientine for the treatment of Wilson's disease  
**AND**
- The patient has experienced an intolerance to penicillamine

## REFERENCES

1. Cuprimine [package insert]. Bridgewater, NJ: Bausch Health US, LLC; October 2020.
2. Depen [package insert]. Somerset, NJ: Meda Pharmaceuticals Inc; July 2018.
3. Syprine [package insert]. Bridgewater, NJ: Bausch Health US, LLC; September 2020.
4. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: UpToDate, Inc.; 2021; Accessed March 1, 2021.
5. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. <https://www.micromedexsolutions.com>. Accessed March 1, 2021.
6. Singh JA, Saag KG, Bridges SL Jr, et al. 2015 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis. *Arthritis Rheumatol*. 2016;68(1)1-26.