

PRIOR AUTHORIZATION CRITERIA

BRAND NAME (generic)

CUPRIMINE
(penicillamine)

CUVRIOR
(trientine tetrahydrochloride)

DEPEN
(penicillamine)

SYPRINE
(trientine hydrochloride)

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.

Cuvrior

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

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.

Penicillamine, Trientine PA Policy 3079-A UDR 04-2023

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COVERAGE CRITERIA

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

- The request is for Cuprimine (penicillamine capsules) or Depen (penicillamine tablets)
 - 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.]
- OR**
- The request is for trientine hydrochloride (e.g., Syprine)
 - AND**
 - The requested drug is being prescribed for the treatment of Wilson's disease
 - AND**
 - The patient has experienced an intolerance to penicillamine
- 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

REFERENCES

1. Cuprimine [package insert]. Bridgewater, New Jersey: Bausch Health US, LLC; October 2020.
2. Cuvrior [package insert]. Chicago, Illinois: Orphalan SA; April 2022.
3. Depen [package insert]. Somerset, New Jersey: Meda Pharmaceuticals Inc; January 2019.
4. Syprine [package insert]. Bridgewater, New Jersey: Bausch Health US, LLC; September 2020.
5. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. <https://online.lexi.com>. Accessed March 3, 2023.
6. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 03-03-2023).
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.

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