

STEP THERAPY CRITERIA

BRAND NAME
(generic)

CUPRIMINE
(penicillamine)

SYPRINE
(trientine)

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

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. Syprine is not indicated for treatment of biliary cirrhosis.

INITIAL STEP THERAPY

If the patient has filled a prescription for at least a 30 day supply of Depen 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.

COVERAGE CRITERIA

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

- The request is for Cuprimine for the treatment of Wilson's disease, cystinuria, or in patients with severe, active rheumatoid arthritis who have 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 a documented allergy to Depen (penicillamine)

OR

- The request is for Syprine for the treatment of Wilson's disease

AND

- The patient has experienced an inadequate treatment response, intolerance or documented allergy to Depen (penicillamine)

REFERENCES

1. Cuprimine [package insert]. Bridgewater, NJ: Aton Pharma. Inc., a division of Valeant Pharmaceuticals North America LLC; December 2015.

2. Syprine [package insert]. Bridgewater, NJ: Valeant Pharmaceuticals North America LLC; December 2016.
3. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; http://online.lexi.com/lco/action/index/dataset/complete_ashp [available with subscription]. Accessed March 2018.
4. Micromedex Solutions [database online]. Greenwood Village, CO: Truven Health Analytics Inc. Updated periodically. www.micromedexsolutions.com [available with subscription]. Accessed March 2018.
5. Depen [package insert]. Somerset, NJ: Meda Pharmaceuticals Inc; August 2012