Commercial/Healthcare Exchange PA Criteria

Effective: May 11, 2023

Prior Authorization: Cuvrior (trientine tetrahydrochloride)

Products Affected: Cuvrior (trientine tetrahydrochloride) oral tablets

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

Covered Uses: Treatment of adult patients with stable Wilson's disease who are de-coppered and tolerant to penicillamine.

Exclusion Criteria: None

Required Medical Information:

1. Diagnosis
2. Previous therapies tried/failed

Prescriber Restriction: Medication must be prescribed by, or in consultation with, a physicians who specializes in the treatment of Wilson's disease

Age Restriction: 18 years and older

Coverage Duration: 12 months

Other Criteria:

Initial Approval Criteria

1. Wilson's Disease

A. The member is 18 years of age or older; **AND**
B. The member has a diagnosis of Wilson's disease, classified as stable**; AND**
C. The member has previously tolerated ONE penicillamine product used for de-coppering (e.g., generic penicillamine tablet, Depen, D-penamine)**; AND**
D. Member has tried and failed therapy with generic trientine

References:

1. Product Information: CUVRIOR™ oral tablets, trientine tetrahydrochloride oral tablets. Orphalan (per FDA), Chicago, IL, 2022.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	05/11/2023