SENTARA COMMUNITY PLAN
(MEDICAID)

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: **The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request**. All other information may be filled in by office staff; **fax to 1-800-750-9692**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

Drug Requested: (select **ONE** drug below)

❑ **Cuvrior™** (trientine tetrahydrocholoride) **300 mg tablets**	❑ **Syprine®** (trientine) **250 mg capsules**
❑ **trientine 250 mg capsules**	

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member Sentara #: _____ **Date of Birth:** _____

Prescriber Name: _____

Prescriber Signature: _____ **Date:** _____

Office Contact Name: _____

Phone Number: _____ **Fax Number:** _____

DEA OR NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy**: _____

Diagnosis: _____ **ICD Code, if applicable:** _____

Weight: _____ **Date:** _____

Quantity Limit:

- ❑ Cuvrior: 3,000 mg (10 tablets) per day
- ❑ trientine (all formulations):
  - Age > 12 years: 2,000 mg per day
  - Age ≤ 12 years: 1,500 mg per day

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

Initial Authorization: 6 months

(Continued on next page)

- ❑ Member must meet **ONE** of the following age requirements:
  - ❑ For Cuvrior requests: Member is ≥ 18 years of age
  - ❑ For trientine requests (all formulations): Member is ≥ 6 years of age
- ❑ Medication must be prescribed by or in consultation with a gastroenterologist or hepatologist
- ❑ Member has a diagnosis of Wilson's disease
- ❑ Member's diagnosis of Wilson's disease has been confirmed by at least **TWO** of the following **(submit labs or chart notes for documentation; check all that apply)**:
  - ❑ Presence of Kayser-Fleisher rings
  - ❑ Serum ceruloplasmin (CPN) < 20 mg/dL
  - ❑ 24-hour urine copper > 40 mcg
  - ❑ Liver biopsy with copper dry weight > 250 mcg/g
- ❑ Member has tried and failed generic penicillamine ***requires prior authorization*** at up to maximally indicated doses or clinically significant adverse effects are experienced **(must submit completed MedWatch form and chart notes to document adverse event and/or treatment failure with penicillamine)**
- ❑ For Cuvrior™ or Brand Syprine® requests: Member has tried and failed generic trientine ***requires prior authorization*** at up to maximally indicated doses or clinically significant adverse effects are experienced **(must submit completed MedWatch form and chart notes to document adverse event and/or treatment failure with trientine)**
- ❑ For Cuvrior™ requests **ALL** the following criteria must be met:
  - ❑ Member is de-coppered [i.e., serum non-ceruloplasmin copper (NCC) level ≥ 25 and ≤ 150 mcg/L]
  - ❑ Member is tolerant to penicillamine
  - ❑ Member will discontinue penicillamine prior to initiating therapy with Cuvrior™
- ❑ Member's serum or urinary copper levels will be monitored during therapy along with LFT's, CBC, INR, serum non-ceruloplasmin bound copper plus monitoring for skin changes and fever during the first month of therapy

Reauthorization: 12 months. Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

- ❑ Member has experienced a positive response to therapy as demonstrated by **ONE** of the following:
  - ❑ Member's serum copper level is maintained at <10 mcg free copper/dL of serum **(submit current lab level for documentation)**
  - ❑ Member's urinary copper excretion is maintained at 200-500 mcg (3-8 micromoles) per day on 24-hour urinary copper assessment **(submit current lab level for documentation)**
- ❑ Member's serum or urinary copper levels will continue to be monitored during therapy along with LFT's, CBC, INR and serum non-ceruloplasmin bound copper

(Continued on next page)

Medication being provided by Specialty Pharmacy – Proprium Rx

Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.

****Previous therapies will be verified through pharmacy paid claims or submitted chart notes.****

***Approved by Pharmacy and Therapeutics Committee:** ~~5/21/2020;~~ **8/16/2023**
REVISED/UPDATED: ~~9/9/2020; 10/11/2021;~~ **9/26/2023**