

OPTIMA HEALTH PLAN

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 information provided is not complete, correct, or legible, authorization may be delayed.**

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

<input type="checkbox"/> Cuvrior™ (trientine tetrahydrochloride) 300 mg tablets	<input type="checkbox"/> Syprine® (trientine) 250 mg capsules
<input type="checkbox"/> trientine 250 mg capsules	

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

Member Name: _____

Member Optima #: _____ 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: _____

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

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- ☐ 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

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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.****