UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2023 P 1401-1
Program	Prior Authorization/Notification
Medication	Cuvrior™ (trientine tetrahydrochloride)
P&T Approval Date	1/2023
Effective Date	Effective date: 4/12/2023 Oxford only: 4/12/2023

1. Background:
Cuvrior (trientine tetrahydrochloride) is a copper chelator indicated for the treatment of adult patients with Wilson's disease who are de-coppered and tolerant to penicillamine.

2. Coverage Criteria[a]:

A. Initial Authorization

1. **Cuvrior** will be approved based on **all** of the following criteria:

   a. Diagnosis of Wilson's disease

   -AND-

   b. Patient is de-coppered [i.e., serum non-ceruloplasmin copper (NCC) level ≥ 25 and ≤ 150 mcg/L]

   -AND-

   c. Patient is tolerant to penicillamine

   -AND-

   d. Patient will discontinue penicillamine before starting therapy with Cuvrior

   Authorization will be issued for 3 months.

B. Reauthorization

1. **Cuvrior** will be approved based upon the following criterion:

   a. Documentation of positive clinical response to Cuvrior therapy

   Authorization will be issued for 6 months.

[a] State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

4. References:

1. Cuvrior [package insert]. Chicago, IL: Orphalan; April 2022.

Program	Prior Authorization/Notification – Cuvrior (trientine tetrahydrochloride)
Change Control	
1/2023	New program.