UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2024 P 1401-3
Program	Prior Authorization/Notification
Medication	Cuvrior™ (trientine tetrahydrochloride)*
P&T Approval Date	1/2023, 1/2024, 2/2024
Effective Date	5/1/2024

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 12 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 12 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.

*Cuvrior is typically excluded from coverage. Tried/Failed criteria may be in place. Please refer to plan specifics to determine exclusion status.

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.

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Change Control	
1/2023	New program.
1/2024	Annual review with no changes to coverage criteria.
2/2024	Annual review. Added footnote indicating Cuvrior is typically excluded from coverage. Updated authorization durations to 12 months.