Cuprimine (penicillamine)

Coverage Criteria:
Reserved for members with severe homozygous cystinuria that meet all of the following criteria:

1. Urinary cystine greater than 500 mg/day after treatment with all of the following conservative measures:
    a. high fluid intake; and,
    b. alkali and diet modification; and,
    c. potassium citrate; and,
    d. captopril; and,
    e. Thiola (tiopronin); and,
2. The patient and/or guardian has attested that they will adhere to the treatment plan; and,
3. When prescribed according to the FDA approved regimen; and,
4. For patients who have had a documented allergic reaction to both penicillamine tablets and capsules.

Reserved for members with Wilson's disease that meet all of the following criteria:

1. The patient and/or guardian has attested that they will adhere to the treatment plan; and,
2. When prescribed according to the FDA approved regimen; and,
3. For patients who have had a documented allergic reaction to penicillamine tablets.

Requests for members with Rheumatoid Arthritis who have had a documented allergic reaction to penicillamine tablets will be reviewed on a case by case basis.

Prescriber Restriction:
Prescribed by a Nephrologist, Hepatologist or Rheumatologist.

Renewal Criteria:
Renewals will be provided annually with documentation that the patient has been seen within the last 12 months and the medication continues to be effective.

Coverage Duration:
Initial authorizations will be for 6 months.
Reauthorizations will be provided with a demonstrated reduction urinary cysteine or in the free serum copper level. Medical chart documentation is required. Subsequent approvals will be provided for 12 months.

Other Criteria:
None

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