Louisiana Medicaid
Trientine Tetrahydrochloride (Cuvrior™)

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for trientine tetrahydrochloride (Cuvrior™)**.**

Additional Point-of-Sale edits may apply.

*This agent may have a **Black Box Warning**, and/or may be subject to **Risk Evaluation and Mitigation Strategy (REMS)** under FDA safety Regulations. Please refer to individual prescribing information for details.*

Approval Criteria

- The recipient is 18 years of age or older on the date of the request; **AND**
- The recipient has a diagnosis of Wilson's Disease; **AND**
- The recipient is de-coppered defined by a serum non-ceruloplasmin copper (NCC) level ≥ 25 and ≤ 150 mcg/L; **AND**
- The recipient is tolerant to penicillamine; **AND**
- This requested medication is being prescribed by, or the request states that this medication is being prescribed in consultation with, a gastroenterologist or hepatologist; **AND**
- By submitting the authorization request, the prescriber attests to the following:
    - The recipient will discontinue penicillamine before starting therapy with Cuvrior™; **AND**
    - The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, prior treatment requirements and required storage and handling procedures; **AND**
    - All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended; **AND**
    - The recipient has no concomitant drug therapies or disease states that limit the use of the requested medication and will not be receiving the requested medication in combination with any other medication that is contraindicated or not recommended per FDA labeling.

Duration of initial approval: 6 months

Reauthorization Criteria

- The recipient continues to meet initial approval criteria: **AND**
- The prescriber **states on the request** that the recipient is established on the medication with evidence of a positive response to therapy.

Duration of reauthorization approval: 12 months

Reference

Cuvrior (trientine tetrahydrochloride) [package insert]. Chicago, IL: Orphalan; April 2022. https://www.cuvrior.com/wp-content/uploads/2023/03/20220914_f73feeae-62ad-401e-b9f7-5cb269127750-7.pdf

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