STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

PENICILLAMINE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
PENICILLAMINE	CUPRIMINE, PENICILLAMINE		7091	GPI-14 (99200030000110)	
PENICILLAMINE	DEPEN, PENICILLAMINE		7100	GPI-14 (99200030000305)	
PENICILLAMINE	D-PENAMINE		7101	GPI-14 (99200030000302)	

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Is the request for D-Penamine and the patient has an active prior authorization approval for Depen?
   [Note: D-Penamine is temporarily available to address a critical drug shortage of Depen. Patients previously approved for Depen will be allowed access without additional criteria during this shortage.]

   If yes, **approve D-Penamine for 12 months by GPID or GPI-14 for the requested indication as follows:**
   - **Wilson's Disease: #16 per day.**
   - **Active Rheumatoid Arthritis: #12 per day.**
   - **Cystinuria: #32 per day.**

   If no, continue to #2.

2. Does the patient have a diagnosis of Wilson's disease and meet **ALL** of the following criteria?
   - Therapy is prescribed by or in consultation with a hepatologist or gastroenterologist
   - The patient has a Leipzig score of 4 or greater
   - The patient is willing to follow a diet avoiding high copper foods (e.g., shellfish, nuts, chocolate, mushrooms, organ meat)

   If yes, continue to #3.
   If no, continue to #5.

3. Is the request for Depen or D-Penamine?

   If yes, **approve for 12 months by GPID or GPI-14 for the requested drug as follows:**
   - **Depen: #8 per day.**
   - **D-Penamine: #16 per day.**

   If no, continue to #4.

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PENICILLAMINE

INITIAL CRITERIA (CONTINUED)

4. Is the request for Cuprimine and the patient had a trial of or contraindication to Depen (penicillamine) or D-Penamine (penicillamine)?

   If yes, **approve Cuprimine for 12 months by GPID or GPI-14 with a quantity limit of #8 per day.**

   If no, do not approve.
   DENIAL TEXT: See the initial denial text at the end of the guideline.

5. Does the patient have a diagnosis of cystinuria and meet **ALL** of the following criteria?
   - Therapy is prescribed by or in consultation with a nephrologist
   - The patient has a daily cystine output that is greater than 300mg per 24 hours following urine cystine excretion testing
   - The patient has failed to respond to an adequate trial of or has a contraindication to conventional therapy which includes ALL of the following: increased fluid intake, modest reductions in sodium and protein intake, and urinary alkalinization

   If yes, continue to #6.
   If no, continue to #9.

6. Does the patient have nephrolithiasis and meet **ONE** of the following criteria?
   - The patient's stone analysis shows a presence of cystine
   - The patient's urinalysis shows pathognomonic hexagonal cystine crystals
   - The patient has a family history of cystinuria AND a positive cyanide-nitroprusside screening

   If yes, continue to #7.
   If no, do not approve.
   DENIAL TEXT: See the initial denial text at the end of the guideline.

7. Is the request for Depen or D-Penamine?

   If yes, **approve for 12 months by GPID or GPI-14 for the requested drug as follows:**
   - **Depen: #16 per day.**
   - **D-Penamine: #32 per day.**

   If no, continue to #8.

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PENICILLAMINE

INITIAL CRITERIA (CONTINUED)

8. Is the request for Cuprimine and has the patient had a trial of or contraindication to Depen (penicillamine) or D-Penamine (penicillamine) **AND** Thiola (tiopronin)?

   If yes, **approve Cuprimine for 12 months by GPID or GPI-14 with a quantity of #16 per day.**
   If no, do not approve.
   DENIAL TEXT: See the initial denial text at the end of the guideline.

9. Does the patient have a diagnosis of active rheumatoid arthritis and meet **ALL** of the following criteria?
   - Therapy is prescribed by or in consultation with a rheumatologist
   - The patient does not have a history or other evidence of renal insufficiency
   - The patient has failed to respond to an adequate trial of at least 3 months of conventional therapy including at least ONE of the following DMARD (disease-modifying antirheumatic drug) agents: methotrexate dose greater than or equal to 20mg per week or maximally tolerated dose, leflunomide, hydroxychloroquine, or sulfasalazine

   If yes, continue to #10.
   If no, do not approve.
   DENIAL TEXT: See the initial denial text at the end of the guideline.

10. Is the request for Depen or D-Penamine?

    If yes, **approve for 12 months by GPID or GPI-14 for the requested drug as follows:**
    - **Depen: #6 per day.**
    - **D-Penamine: #12 per day.**

    If no, continue to #11.

11. Is the request for Cuprimine and has the patient had a trial of or contraindication to Depen (penicillamine) or D-Penamine (penicillamine)?

    If yes, **approve Cuprimine for 12 months by GPID or GPI-14 with a quantity of #6 per day.**
    If no, do not approve.
    DENIAL TEXT: See the initial denial text at the end of the guideline.

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PENICILLAMINE

INITIAL CRITERIA (CONTINUED)

INITIAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **PENICILLAMINE (Cuprimine, Depen, D-Penamine)** requires the following rule(s) be met for approval:

A. You have ONE of the following diagnoses:
   1. Wilson's disease (a genetic disorder that leads to copper accumulation in the organs)
   2. Cystinuria (a type of genetic metabolic disorder)
   3. Active rheumatoid arthritis (a type of joint condition)

B. I**f you have Wilson's disease, approval also requires:**
   1. Therapy is prescribed by or in consultation with a hepatologist (a type of liver doctor) or gastroenterologist (a type of digestive system doctor)
   2. You have a Leipzig score of 4 or greater (a type of diagnostic score)
   3. You are willing to follow a diet avoiding high copper foods (such as shellfish, nuts, chocolate, mushrooms, organ meat)
   4. If you are requesting Cuprimine, you had a trial of or have a contraindication (harmful for) to Depen (penicillamine) or D-Penamine (penicillamine)

C. **If you have cystinuria, approval also requires:**
   1. Therapy is prescribed by or in consultation with a nephrologist (kidney doctor)
   2. You have a daily cystine output greater than 300mg per 24 hours after urine cystine excretion testing
   3. You have failed to respond to an adequate trial of or has a contraindication (harmful for) to conventional therapy which includes ALL of the following:
      a. Increased fluid intake
      b. Modest reductions in sodium and protein intake
      c. Urinary alkalinization (a process that makes urine basic)
   4. You have nephrolithiasis (kidney stones) and ONE of the following:
      a. Your kidney stone analysis shows that there is a presence of cystine (an amino acid)
      b. Your urine analysis shows that there are hexagonal cystine crystals in your urine that are pathognomonic (signs relating to the disease)
      c. You have a family history of cystinuria and positive test results in the cyanide-nitroprusside screen (a test to determine the amount of cysteine in your body)
   5. If you are requesting Cuprimine, you had a trial of or have a contraindication (harmful for) to Depen (penicillamine) or D-Penamine (penicillamine) AND Thiola (tiopronin)

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PENICILLAMINE

INITIAL CRITERIA (CONTINUED)

D. **If you have active rheumatoid arthritis, approval requires:**
   1. Therapy is prescribed by or in consultation with a rheumatologist (a type of immune system doctor)
   2. You do not have a history or other evidence of renal insufficiency (kidney problems)
   3. You have failed to respond to an adequate trial of at least 3 months of conventional therapy including at least ONE of the following DMARD (disease-modifying antirheumatic drug) agents: methotrexate dose greater than or equal to 20mg per week or maximally tolerated dose, leflunomide, hydroxychloroquine, or sulfasalazine
   4. If you are requesting Cuprimine, you had a trial of or have a contraindication (harmful for) to Depen (penicillamine) or D-Penamine (penicillamine)

E. **If you have an active prior authorization approval for Depen, D-Penamine** will be approved without meeting additional criteria during the period of Depen shortage.

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RENEWAL CRITERIA

1. Does the patient have a diagnosis of Wilson's disease **AND** meet the following criterion?
   - The patient has achieved a free serum copper of less than 10 mcg/dL

   If yes, **approve for lifetime by GPID or GPI-14 for the requested drug as follows:**
   - **Depen: #8 per day.**
   - **Cuprimine: #8 per day.**
   - **D-Penamine: #16 per day.**

   If no, continue to #2.

2. Does the patient have a diagnosis of cystinuria **AND** meet the following criterion?
   - The patient has achieved a cystine excretion of less than 200 mg/day

   If yes, **approve for lifetime by GPID or GPI-14 for the requested drug as follows:**
   - **Depen: #16 per day.**
   - **D-Penamine: #32 per day.**
   - **Cuprimine: #16 per day.**

   If no, continue to #3.

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RENEWAL CRITERIA (CONTINUED)

3. Does the patient have a diagnosis of active rheumatoid arthritis and meet **ALL** of the following criteria?
   - The patient does not have a history of or other evidence of renal insufficiency
   - The patient has experienced or maintained improvement in tender joint count or swollen joint count while on therapy compared to baseline

   If yes, **approve for lifetime by GPID or GPI-14 for the requested drug as follows:**
   - **Depen: #6 per day.**
   - **D-Penamine: #12 per day.**
   - **Cuprimine: #6 per day.**

   If no, do not approve.
   RENEWAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **PENICILLAMINE (Cuprimine, Depen, D-Penamine)** requires the following rule(s) be met for renewal:
   A. You have ONE of the following diagnoses:
      1. Wilson's disease (a genetic disorder that leads to copper accumulation in the organs)
      2. Cystinuria (a type of genetic metabolic disorder)
      3. Active rheumatoid arthritis (a type of joint condition)
   B. **If you have Wilson's disease, approval also requires:**
      1. You have achieved a free serum copper of less than 10 mcg/dLl
   C. **If you have cystinuria, approval also requires:**
      1. You have achieved a cystine excretion of less than 200 mg/day
   D. **If you have active rheumatoid arthritis, approval also requires:**
      1. You do not have a history of or other evidence of renal insufficiency (kidney problems)
      2. You have experienced or maintained improvement in tender joint count or swollen joint count while on therapy compared to baseline

   Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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PENICILLAMINE

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Cuprimine/Depen/Thiola EC.

REFERENCES

- Cuprimine [Prescribing Information]. Bridgewater, NJ: Bausch Health Companies Inc.; October 2020.
- Thiola [Prescribing Information]. San Antonio, TX: Mission Pharmacal; March 2021.
- Depen [Prescribing Information]. Somerset, NJ: Meda Pharmaceuticals; January 2019.
- FDA Website: Penicillamine (Depen) Titratable Tablets Drug Shortage. Available at: https://www.accessdata.fda.gov/scripts/drugshortages/dsp_ActiveIngredientDetails.cfm?AI=Penicillamine%20(Depen)%20Titratable%20Tablets&st=c. Accessed on January 21, 2019

Library	Commercial	NSA
Yes	Yes	No

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