

# penicillamine tablet (DEPEN)

## **Diagnoses Considered for Coverage:**

- Wilson's disease
- Cystinuria
- Rheumatoid arthritis

## **Coverage Criteria:**

## Wilson's disease or cystinuria:

• Dose does not exceed 4 grams per day.

#### Cystinuria:

• Dose does not exceed 4 grams per day.

#### **Rheumatoid Arthritis:**

- Inadequate response or intolerable side effect to 2 of the following DMARDs: methotrexate, sulfasalazine, hydroxychloroquine, leflunomide, OR has medical justification why all of the listed DMARDs cannot be used, and
- Dose does not exceed 4 grams per day

Coverage Duration: One year

Effective Date: 5/31/2023