

Generic Name: Copper Histidinate

Therapeutic Class or Brand Name: Zycubo

Applicable Drugs (if Therapeutic Class): N/A

Preferred: N/A

Non-preferred: N/A

Date of Origin: 6/1/2026

Date Last Reviewed / Revised: 6/1/2026

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I and V are met)

- I. Documented diagnosis of one of the following conditions A through D AND must meet criteria listed under applicable diagnosis:
 - A. Menkes Disease
 1. Documentation that one of the following criteria a or b is met:
 - a) Genetic confirmation of an ATP7A mutation consistent with a severe MD phenotype (e.g. deletion/duplication, nonsense variant, or canonical splice-site variant)
 - b) Evidence of abnormal plasma catecholamine ratios, defined as one of the criteria i or ii are met:
 - i. Plasma dopamine/norepinephrine ratio > 0.2
 - ii. Plasma dihydroxyphenylacetic acid (DOPAC)/dihydroxyphenylglycol (DHPG) ratio > 5
- II. Age requirement: Patient is < 17 years of age.
- III. Treatment must be prescribed by or in consultation with a geneticist, neonatologist, neurologist, or a specialist who focuses on the treatment of Menkes disease.
- IV. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.
- V. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have documented treatment failure or contraindication to the preferred product(s).

EXCLUSION CRITERIA

- Diagnosis of Occipital Horn Syndrome

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Age < 1 year: 1.45 mg twice daily; 60 vials for 30 days
- Age ≥ 1 year to < 17 year: 1.45 mg once daily; 30 vials for 30 days

APPROVAL LENGTH

- **Authorization:** 12 months
- **Re-Authorization:** 12 months, with an updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective.

APPENDIX

- N/A

REFERENCES

1. Zycubo (copper histidinate) [prescribing information]. Solana Beach, CA: Sentynt Therapeutics Inc; January 2026.
2. Ramani PK, Parayil Sankaran B. Menkes Kinky Hair Disease. PubMed. Published 2022. <https://www.ncbi.nlm.nih.gov/books/NBK560917/>
3. Copper Histidine Therapy for Menkes Diseases. ClinicalTrials.gov identifier: NCT00001262. Updated (October 30, 2015). Accessed April 21, 2026. <https://clinicaltrials.gov/study/NCT00001262>
4. Molecular bases of response to copper treatment in Menkes disease, related phenotypes, and unexplained copper deficiency. ClinicalTrials.gov identifier: NCT00811785. Updated August 28, 2020. Accessed April 23, 2026. <https://clinicaltrials.gov/study/NCT00811785>
5. Vairo FPE, Chwal BC, Perini S, Ferreira MAP, de Freitas Lopes AC, Saute JAM. A systematic review and evidence-based guideline for diagnosis and treatment of Menkes disease. Mol Genet Metab. 2019;126(1):6-13. doi:10.1016/j.ymgme.2018.12.005

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.