CareSource Rxinnovations

PHARMACY POLICY STATEMENT
Nevada Medicaid

DRUG NAME	Zycubo (copper histidinate)
BENEFIT TYPE	Pharmacy
STATUS	Prior Authorization Required

Zycubo, approved by the FDA in 2026, is a copper replacement product indicated for the treatment of Menkes disease in pediatric patients.
Menkes disease is an X-linked recessive disorder caused by pathogenic variants in the copper transport ATPase encoded by the *ATP7A* gene. Patients with Menkes disease have impaired absorption of copper from their diet, impaired transport of copper across the blood-brain barrier, and dysregulation of many copper-dependent enzymes. Zycubo is a bioavailable copper replacement therapy that is administered as a subcutaneous injection to bypass the impaired gastrointestinal absorption.
In two clinical trials, patients treated with Zycubo had a significant improvement in overall survival compared to untreated cohorts.

Zycubo (copper histidinate) will be considered for coverage when the following criteria are met:

Menkes Disease

For **initial** authorization:
1. Member is less than 17 years of age; AND
2. Medication must be prescribed by or in consultation with a medical geneticist, metabolic specialist, neurologist, or gastroenterologist; AND
3. Member has a diagnosis of Menkes disease confirmed by one of the following:
   a) Genetic testing results that show *ATP7A* mutation
   b) Low serum copper and ceruloplasmin levels (if greater than 2-3 months of age)
   c) Plasma catecholamine analysis; or
   d) Characteristic signs/symptoms (i.e., kinky hair, progressive neurologic impairment, connective tissue abnormalities) AND one of the above biochemical or genetic tests is pending; AND
4. Chart notes must document the following labs at baseline: serum copper and ceruloplasmin levels, serum electrolytes, kidney and liver function, and complete blood count (CBC); AND
5. Member does NOT have Occipital Horn Syndrome.
6. **Dosage allowed/Quantity limit:** Administer subcutaneously as follows:
   Less than 1 year of age: 1.45 mg twice daily. QL: 60 vials per 30 days
   1 year to less than 17 years of age: 1.45 mg once daily. QL: 30 vials per 30 days.

If all the above requirements are met, the medication will be approved for 12 months if diagnostic confirmation is provided; 30 days if confirmation is pending.

For **reauthorization**:
1. Chart notes must include biochemical or genetic confirmation of disease if not previously provided; AND
2. Chart notes must show positive clinical response such as increased serum copper and ceruloplasmin concentrations or stabilized neurological status.

If all the above requirements are met, the medication will be approved for an additional 12 months.

CareSource considers Zycubo (copper histidinate) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
02/06/2026	New policy created for Zycubo.

References:

1. Zycubo [prescribing information]. Zydus Lifesciences Ltd.; 2026.
2. Copper Histidine Therapy for Menkes Diseases. ClinicalTrials.gov identifier: NCT00001262. Updated October 30, 2015. Accessed February 9, 2026. https://clinicaltrials.gov/study/NCT00001262
3. Molecular Bases of Response to Copper Treatment in Menkes Disease, Related Phenotypes, and Unexplained Copper Deficiency. ClinicalTrials.gov identifier: NCT00811785. Updated November 19, 2020. Accessed February 9, 2026. https://clinicaltrials.gov/study/NCT00811785
4. Copper Histidinate Treatment for Menkes Disease. ClinicalTrials.gov identifier: NCT04074512. Updated November 12, 2025. Accessed February 9, 2026. https://clinicaltrials.gov/study/NCT04074512
5. Kaler SG, DiStasio AT. ATP7A-Related Copper Transport Disorders. 2003 May 9 [Updated 2021 Apr 15]. In: Adam MP, Bick S, Mirzaa GM, et al., editors. GeneReviews® [Internet]. Seattle (WA): University of Washington, Seattle; 1993-2026. Available from: https://www.ncbi.nlm.nih.gov/books/NBK1413/
6. 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

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