

Syprine (trientine)

Coverage Criteria:

Reserved for members with Wilson's disease that meet all of the following criteria:

1. When treatment goals are not met, intolerable adverse effects persist or when a contraindication to penicillamine (such as neurologic symptoms, except the loss of taste) exists; and,
2. The patient and/or guardian has attested that they will adhere to the treatment plan; and,
3. When prescribed according to the FDA approved regimen; and,
4. The use of the brand product requires a documented allergy to the equivalent generic.

Prescriber Restriction:

Prescribed by a Hepatologist

Renewal Criteria:

Annual reauthorizations will require medical chart documentation that the patient has been seen within the previous 12 months and continued documented benefit from the product.

Coverage Duration:

Initial authorizations will be for 6 months.

Reauthorizations will be provided with a demonstrated reduction in the free serum copper level. Medical chart documentation is required. Subsequent approvals will be provided for 12 months.

Other Criteria:

None