

Policy Name:	Syprine, trientine hydrochloride	Policy #:	2513P
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Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Syprine and trientine.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Syprine and trientine under the specialty pharmacy benefit when the following criteria have been met.

Criteria

1. Coverage Criteria

- 1.1 Diagnosis of Wilson's Disease
- 1.2 Documented failure, intolerance, or contraindication to penicillamine
- 1.3 Ordered by a gastroenterologist (stomach doctor), geneticist (gene specialist), hepatologist (liver doctor) or neurologist (nervous system doctor)
- 1.4 For brand Syprine, documented trial and failure with generic trientine capsules

2. Approval Period

- 2.1 Initial: 12 months
- 2.2 Reauthorization: 12 months with documented clinical benefit from therapy

CPT Codes

HCPCS Codes

References

1. Trientine hydrochloride capsules [prescribing information]. Parsippany, NJ: Teva Pharmaceuticals; January 2022.
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4. Dahlman T, Hartvig P, Löfholm M, et al. Long-term treatment of Wilson's disease with triethylene tetramine dihydrochloride (trientine). *QJM* 1995; 88:609.

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6. Weiss KH, Thurik F, Gotthardt DN, et al. Efficacy and safety of oral chelators in treatment of patients with Wilson disease. *Clin Gastroenterol Hepatol* 2013; 11:1028.
7. Wiggelinkhuizen M, Tilanus ME, Bollen CW, Houwen RH. Systematic review: clinical efficacy of chelator agents and zinc in the initial treatment of Wilson disease. *Aliment Pharmacol Ther* 2009; 29:947.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.