Commercial/Healthcare Exchange PA Criteria

Effective: January 1, 2020

Prior Authorization: Trientine

Products Affected: trientine hydrochloride oral capsule

Medication Description: Trientine is an oral chelating agent that is used for the treatment of Wilson's disease. Trientine chelates heavy metals including copper, iron, and zinc and forms stable complexes that can be excreted by the kidneys.

Covered Uses: Treatment of patients with Wilson's disease who are intolerant of penicillamine. Trientine HCl capsules should be used when continued treatment with penicillamine is no longer possible because of intolerable or life endangering side effects.

Exclusion Criteria:

1. Treatment of cystinuria
2. Treatment of rheumatoid arthritis
3. Treatment of biliary cirrhosis

Required Medical Information:

1. Diagnosis
2. Previous therapies tried and failed

Age Restrictions: N/A

Prescriber Restrictions: Prescribed by or in consultation with a gastroenterologist, hepatologist, or liver transplant physician.

Coverage Duration: 12 Months

Other Criteria:

1. Patient has a confirmed diagnosis of Wilson's Disease; AND
2. Patient has a documented intolerance, contraindication, or treatment failure with, an adequate trial of a penicillamine medication (penicillamine, Depen, D-penicillamine, etc.).

References:

1. Product Information: SYPRINE(R) oral capsule, trientine hydrochloride oral capsule. Merck&Co Inc, Whitehouse Station, NJ, 2001.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	October 18, 2019