



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

TRIENTINE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
TRIENTINE HCL	SYPRINE, CLOVIQUE	01109		GPI-10 (9920002010)	

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Does the patient have a diagnosis of Wilson's disease and meet **ALL** of the following criteria?
 - Therapy is prescribed by or in consultation with a hepatologist or gastroenterologist
 - The patient has a Leipzig score of 4 or greater
 - The patient is willing to follow a diet avoiding high copper foods (e.g., shellfish, nuts, chocolate, mushrooms, organ meat)
 - The patient has had a trial of or contraindication to penicillamine (Depen, Cuprimine)

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #8 per day.**

If no, do not approve.

INITIAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **TRIENTINE (Syprine, Clovique)** requires the following rule(s) be met for approval:

- A. You have Wilson's disease (a genetic disorder that leads to copper accumulation in the organs)
- B. Therapy is prescribed by or in consultation with a hepatologist (a type of liver doctor) or gastroenterologist (a type of digestive system doctor)
- C. You have a Leipzig score (a type of diagnostic score) of 4 or higher
- D. You are willing to follow a diet avoiding high copper foods (such as shellfish, nuts, chocolate, mushrooms, organ meat)
- E. You had a trial of or contraindication (harmful for) to penicillamine (Depen, Cuprimine)

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

CONTINUED ON NEXT PAGE



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GUIDELINES FOR USE (CONTINUED)

RENEWAL CRITERIA

- Does the patient have a diagnosis of Wilson's disease **AND** meet the following criterion?
 - The patient has achieved a free serum copper of less than 10 mcg/dL

If yes, **approve for lifetime by HICL or GPI-10 with a quantity limit of #8 per day.**

If no, do not approve.

RENEWAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **TRIENTINE (Syprine, Clovique)** requires the following rules be met for renewal:

- You have Wilson's disease (a genetic disorder that leads to copper accumulation in the organs)
- You have achieved a free serum copper (amount of copper in your blood) level of less than 10 mcg/dL

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Syprine.

REFERENCES

- Syprine [Prescribing Information]. Bridgewater, NJ: Bausch Health Companies Inc.; September 2020.
- Clovique [Prescribing Information]. Warrendale, PA: Kadmon Pharmaceuticals, LLC; September 2019.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

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