UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2024 P 1135-12
Program	Prior Authorization/Notification
Medication	Syprine® (trientine hydrochloride)*, Trientine hydrochloride
P&T Approval Date	7/2014, 7/2015, 6/2016, 6/2017, 6/2018, 6/2019, 6/2020, 6/2021, 6/2022, 6/2023, 6/2024
Effective Date	9/1/2024

1. Background[a]:
Syprine (trientine hydrochloride) and trientine hydrochloride are indicated for the treatment of patients with Wilson's disease who are intolerant of penicillamine. Syprine and trientine hydrochloride cannot be considered interchangeable with penicillamine. Syprine and trientine hydrochloride should be used when continued treatment with penicillamine is no longer possible because of intolerable or life endangering side effects.[1]

2. Coverage Criteria[a]:

A. Syprine

1. **Initial Authorization**

   a. **Syprine or trientine hydrochloride** will be approved based on **both** of the following criteria:

      (1) Diagnosis of Wilson's disease (i.e., hepatolenticular degeneration)

      -AND-

      (2) History of intolerance, failure or contraindication to penicillamine

   Authorization will be issued for 12 months.

2. **Reauthorization**

   a. **Syprine or trientine hydrochloride** will be approved based upon the following criterion:

      (1) Documentation of positive clinical response to **Syprine** therapy

   Authorization will be issued for 12 months.

[a] State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

*Syprine® (trientine hydrochloride) is typically excluded from coverage. Tried/Failed criteria may be in place. Please refer to plan specifics to determine exclusion status.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

4. References:

1. Syprine [package insert]. Bridgewater, NJ: Bausch Health US, LLC; September 2020.
2. Trientine hydrochloride [package insert]. Parsippany, NJ: Teva Pharmaceuticals; January 2022.

Program	Prior Authorization/Notification – Syprine (trientine hydrochloride)
Change Control	
7/2014	New program.
9/2014	Administrative change – Tried/Failed exemption for State of New Jersey removed.
7/2015	Annual Review. References updated. Added notation that Cuprimine is now excluded from coverage.
6/2016	Annual Review. Changed initial authorization to 12 months and added reauthorization for 24 months. Updated background, formatting and references.
6/2017	Annual review. Updated references.
6/2018	Annual review. No changes.
6/2019	Annual review. No changes.
6/2020	Annual review. No changes.
6/2021	Annual review with no changes to clinical criteria. Updated references.
6/2022	Annual review. Cuprimine and Depen removed as examples from Coverage Criteria as they are typically excluded from coverage and generic penicillamine is available. Changed reauthorization to 12 months to align with reauthorization period for other pharmacy programs.
6/2023	Annual review. Added generic trientine hydrochloride to program and noted that Brand Syprine is typically excluded from coverage for most plans. Updated references and added state mandate footnote.
6/2024	Annual review with no changes to criteria.