

POLICY NAME	Syprine, trientine hydrochloride	POLICY #	2513P
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Criteria

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