Drug Coverage Policy

Effective Date.....3/1/2026
Coverage Policy Number.....IP0278
Policy Title.....Trientine Products

Chelating Agents – Trientine Products

- Cuvrior® (trientine tetrahydrochloride tablets – Orphalan)
- Syprine® (trientine hydrochloride capsules – Bausch, generic)

INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

OVERVIEW
Trientine products (capsules [Syprine, generic] and tablets [Cuvrior]) are chelating agents indicated for the treatment of **Wilson's disease** (hepatolenticular degeneration).[1,2]

Trientine hydrochloride capsule (Syprine, generic) is indicated for:[1]

- Treatment of patients with Wilson's disease who are intolerant of penicillamine.

Cuvrior (trientine tetrahydrochloride tablets) is indicated for:[2]

- Treatment of adults with stable Wilson's disease who are de-coppered and tolerant to penicillamine.

Trientine is not indicated for use in patients with cystinuria, rheumatoid arthritis, or biliary cirrhosis.[1] Trientine products should be used when treatment with penicillamine is no longer possible because of intolerable or life-endangering side effects.[1] The content of trientine differs between products, thus they are not interchangeable on a mg per mg basis.[2]

Disease Overview

Wilson's disease is an autosomal recessive disorder in which alterations in cellular copper processing and impaired biliary excretion lead to copper accumulation.[3-5] Copper initially builds up in the liver and is eventually released into the bloodstream and deposited into other organs (e.g., brain, kidneys, and cornea), resulting in a wide array of symptoms. Lifelong pharmacologic therapy is the mainstay of treatment for Wilson's disease; without treatment, most patients will die from liver disease or progressive neurologic disease. Liver transplantation is reserved for severe or resistant cases. In patients with Wilson's disease, trientine acts as a general metal chelator and promotes urinary copper excretion as well as blocks dietary copper absorption.

Guidelines

The American Association for the Study of Liver Diseases (AASLD) provides guidelines for the diagnosis and management of Wilson's disease (2022).[4] Diagnosis of Wilson's disease is confirmed by conducting genetic testing confirming biallelic pathogenic *ATP7B* mutations or confirmation of at least two clinical features associated with Wilson's disease (Kayser-Fleischer rings, serum ceruloplasmin level < 20 mg/dL, liver biopsy, 24-hour urinary copper > 40 mcg/24 hours). The AASLD recommends a chelating agent (penicillamine or trientine) for initial treatment of symptomatic patients. For the treatment of presymptomatic patients or those on maintenance therapy, chelating agents and zinc are both treatment options.

The European Association for the Study of the Liver (EASL) and the European Reference Network (ERN) published updated clinical practice guidelines for Wilson's disease (2025).[5] These guidelines indicate ceruloplasmin and 24-h urinary copper excretion remain the most common tests used for the diagnosis of Wilson's disease. The Leipzig score is also mentioned, and updated guidelines added relative exchangeable copper (REC) as an additional diagnostic marker when available. Diagnosis should be based on a combination of clinical features, biochemical tests (including serum ceruloplasmin, 24-hour urinary copper excretion, and hepatic copper content), and molecular analysis of *ATP7B*. The EASL/ERN recommend chelating agents (penicillamine or trientine) as first-line therapy for patients with significant liver disease, while either chelators or zinc salts may be used for patients with neurological presentations or for maintenance therapy.

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POLICY STATEMENT

Prior Authorization is required for benefit coverage of trientine products. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with trientine products as well as the monitoring required for adverse events and long-term efficacy, approval requires trientine products to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Documentation: Documentation is required where noted in the criteria as **[documentation required]**. Documentation may include, but not limited to, chart notes, laboratory tests, medical test results, claims records, prescription receipts, and/or other information. All documentation must include patient-specific identifying information.

Trientine Products are considered medically necessary when the following is met:

FDA-Approved Indication

1. **Wilson's Disease.** Approve for 1 year if the patient meets **ALL** of the following (A, B, C and D):
   - **A)** Diagnosis of Wilson's disease is confirmed by **ONE** of the following (i or ii):
     - **i.** Genetic testing results confirming biallelic pathogenic *ATP7B* variants (in either symptomatic or asymptomatic individuals) **[documentation required]**; OR
     - **ii.** Confirmation of at least **TWO** of the following (TWO of a, b, c, or d) **[documentation required]**:
       - **a)** Presence of Kayser-Fleischer rings; OR
       - **b)** Serum ceruloplasmin level < 20mg/dL; OR
       - **c)** Liver biopsy findings consistent with Wilson's disease; OR
       - **d)** 24-hour urinary copper > 40 mcg/24 hours; AND
   - **B)** Patient meets **ONE** of the following (i, ii, iii, iv, v or vi):
     - **i.** According to the prescriber, patient has tried one penicillamine product and is intolerant to penicillamine therapy; OR
       Note: Examples of penicillamine products are Cuprimine (penicillamine capsules, generic), Depen (penicillamine tablets, generic).
     - **ii.** According to the prescriber, patient has clinical features indicating the potential for intolerance to penicillamine therapy; OR
       Note: Specific clinical features include history of any renal disease, congestive splenomegaly causing severe thrombocytopenia, autoimmune tendency.
     - **iii.** According to the prescriber, patient has a contraindication to penicillamine therapy; OR
     - **iv.** Patient has neurologic manifestations of Wilson's disease; OR
     - **v.** Patient is pregnant; OR
     - **vi.** Patient has been started on therapy with trientine (Cuvrior or Syprine, generic); AND
   - **C)** The medication is prescribed by or in consultation with a gastroenterologist, hepatologist, or liver transplant physician; AND
   - **D)** Preferred Product Criteria is met for the product(s) as listed in the below table(s)

Employer Plans:

Product	Criteria
Cuvrior (trientine tetrahydrochloride tablets)	Patient has tried trientine hydrochloride capsules [may require prior authorization] **[documentation required]**
Syprine (trientine hydrochloride capsules)	Patient has tried the bioequivalent generic product **trientine hydrochloride** [may require prior authorization], AND cannot take due to a formulation difference in the inactive ingredient(s) e.g., difference in dyes, fillers, preservatives] between the Brand and the bioequivalent generic product which would result, per the prescriber, in a significant allergy or serious adverse reaction **[documentation required]**

Individual and Family Plans:

Product	Criteria
Cuvrior (trientine tetrahydrochloride tablets)	Patient has tried penicillamine 250mg tablets [may require prior authorization] **[documentation required]**
Syprine (trientine hydrochloride capsules)	Patient has tried penicillamine 250mg tablets [may require prior authorization] **[documentation required]**
trientine hydrochloride 250mg, 500mg capsules	Patient has tried penicillamine 250mg tablets [may require prior authorization] **[documentation required]**

Conditions Not Covered

Trientine products for any other use is considered not medically necessary, including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

1. **Biliary Cirrhosis.** Trientine is not indicated for the treatment of biliary cirrhosis.[1]

2. **Cystinuria.** Trientine is not recommended for use in patients with cystinuria.[1] Unlike penicillamine, trientine does not contain a sulfhydryl moiety and therefore it is not capable of binding cysteine.

3. **Rheumatoid Arthritis.** Trientine is not recommended for use in patients with rheumatoid arthritis.[1] Per the prescribing information, trientine was not found to be effective in improving any clinical or biochemical parameter after 12 weeks of treatment of patients with rheumatoid arthritis.

References

1. Syprine® capsules [prescribing information]. Bridgewater, NJ: Bausch Health; September 2020.
2. Cuvrior® tablets [prescribing information]. Chicago, IL: Orphalan SA; June 2025.
3. 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;11:1028-1035.
4. Schilsky ML, Roberts EA, et al. A multidisciplinary approach to the diagnosis and management of Wilson's disease: 2022 Practical Guidance on Wilson disease from the AASLD. *Hepatology*. 2023;77(4):1428-1455.
5. European Association for the Study of the Liver (EASL); European Reference Network (ERN). EASL-ERN Clinical Practice Guidelines on Wilson's disease. *J Hepatol*. 2025;82(4):690-728.

Revision Details

Type of Revision	Summary of Changes	Date

Annual Revision	**Policy Title**: **Updated from** "Trientine Products" **to** "Chelating Agents – Trientine Products" **Added** "**<u>Documentation:</u>** Documentation is required where noted in the criteria as **[documentation required]**. Documentation may include, but not limited to, chart notes, laboratory tests, medical test results, claims records, prescription receipts, and/or other information. All documentation must include patient-specific identifying information." **Wilson's Disease:** **Updated** the genetic language by replacing "mutations" with "variants". **Updated from** "Failure, contraindication or intolerance to penicillamine therapy (Cuprimine®, Depen®, or generics)" **to** "According to the prescriber, patient has tried one penicillamine product and is intolerant to penicillamine therapy and **added** a Note with examples of penicillamine products. **Added** "According to the prescriber, patient has clinical features indicating the potential for intolerance to penicillamine therapy and **added** a Note with clinical features indicating the potential for intolerance to penicillamine therapy. **Added** "According to the prescriber, patient has a contraindication to penicillamine therapy." **Employer Plans Preferred Product Table** **<u>Cuvrior:</u>** **Updated from** "Documentation of failure, contraindication, or intolerance to trientine hydrochloride [may require prior authorization]" **to** "Patient has tried trientine hydrochloride capsules [may require prior authorization][documentation required]" **<u>Syprine:</u>** **Updated from** "Documented trial of trientine hydrochloride (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) which would result in a significant allergy or serious adverse reaction [may require prior authorization]" **to** "Patient has tried the bioequivalent generic product trientine hydrochloride [may require prior authorization], AND cannot take due to a formulation difference in the inactive ingredient(s) e.g., difference in dyes, fillers, preservatives] between the Brand and the bioequivalent generic product which would result,	3/1/2026

	per the prescriber, in a significant allergy or serious adverse reaction[documentation required].” **Individual and Family Plans Preferred Product Table:** **Updated from** “Documentation of failure, contraindication, or intolerance to penicillamine 250mg tablets [may require prior authorization]” **to** “Patient has tried penicillamine 250mg tablets [may require prior authorization] [documentation required]”	

The policy effective date is in force until updated or retired.