

Prescriber Criteria Form
Syprine 2026 PA Fax 2486-A v1 010126.docx
Syprine (trientine)
Coverage Determination

This fax machine is located in a secure location as required by HIPAA regulations. Complete/review information, sign and date. Fax signed forms to CVS Caremark at **1-855-633-7673**. Please contact CVS Caremark at **1-866-785-5714** with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Syprine (trientine).

Drug Name:
Syprine (trientine)

Patient Name:		
Patient ID:		
Patient DOB:	Patient Phone:	
Prescriber Name:		
Prescriber Address:		
City:	State:	Zip:
Prescriber Phone:	Prescriber Fax:	
Diagnosis:	ICD Code(s):	

Please circle the appropriate answer for each question.

1	Is the requested drug being prescribed for the treatment of Wilson's disease in a patient who is intolerant of penicillamine?	Yes	No
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Comments: _____

Prescriber (or Authorized) Signature: _____ Date: _____