

Triokris® - Precision in Chelation.

Manufactured in a USFDA-approved facility the highest standards of safety and quality



# **Incidence & Prevalence**

"Rising awareness and genetic testing drive more diagnoses in children and young adults."



Estimated **1 in 30,000-50,000** 

lives births worldwide.

https://pubmed.ncbi.nlm.nih.gov/39535360/

**Estimated** 

1 in 18,678

(carrier frequency 1 in 67) in Indian population.

Approx.

3,000-5,000

Over 70% of diagnosed cases remain untreated in India.

Feature / Parameter	Triokris (Trientine)	D-Penicillamine	Zinc Therapy
Mechanism of Action	Chelates copper & promotes urinary excretion	Chelates copper & promotes urinary excretion	Blocks intestinal copper absorption
Indication	First-line alternative for Penicillamine-intolerant patients	First-line for symptomatic patients	Maintenance therapy or pre- symptomatic patients
Efficacy	Highly effective in reduc- ing copper; comparable to Penicillamine	Highly effective initially	Slower effect; mainly main- tenance
Side Effects	Less frequent severe side effects; rare lupus-like reaction, anemia	Rash, proteinuria, bone marrow suppression, lu- pus-like syndrome	Usually mild GI upset
Tolerance	Better tolerated by most patients	Poorly tolerated in some (~30%)	Well tolerated
Neurological Symptoms	Effective; lower risk of neu- rological worsening	Risk of initial neurological deterioration	Less effective for acute neurological symptoms





### **Mechanism of Action**

- Trientine binds free copper ions and forms stable complexes.
- These complexes are excreted in urine, lowering tissue copper.
- Helps prevent re-accumulation of copper in organs.

# **Advantages of Triokris**

- Chelation efficacy: Effectively lowers free copper levels.
- Tolerability: Lower incidence of hypersensitivity than D-penicillamine.
- Once stabilized therapy: Suitable for long-term maintenance.
- Gastro-safety: Minimal GI upset.

## **Clinical Evidence**

- Trientine is a proven copper chelator for Wilson disease, effective in both hepatic and neurological forms
- In comparative studies, efficacy was similar to D-penicillamine for improvement or stabilization of hepatic and neurological symptoms.<sup>1</sup>
- Better tolerability discontinuation rates were significantly lower with trientine (7.1%) than with penicillamine (28.8%). <sup>2</sup>
- Non-inferior maintenance efficacy demonstrated in the CHELATE trial, where trientine maintained copper control equivalent to penicillamine in stable patients.<sup>3</sup>
- Well-established long-term safety, making it the preferred alternative in patients intolerant to penicillamine or zinc therapy. 4

#### Key References:

🕯 . Walshe JM. Chelation treatment of Wilson's disease with trientine (triethylene tetramine dihydrochloride). QJM. 1982;51(2):83–96.

2. Weiss KH et al. Efficacy and safety of D-penicillamine and trientine in Wilson's disease: a retrospective cohort study. J Inherit Metab Dis. 2013;36(5):949–958.

3. Weiss KH et al. CHELATE trial: Noninferiority of trientine tetrahydrochloride vs D-penicillamine in stable Wilson disease. Hepatology. 2021;74(Suppl 1):1012A.

4. Taylor RM et al. Long-term outcomes of chelation therapy in Wilson disease. J Hepatol. 2019;71(1):109-117.





## TRIOKRIS ™

### Composition:

Each capsule contains: Trientine Hydrochloride 250 mg

#### Indication:

 For the treatment of Wilson's Disease in patient's intolerant to D-penicillamine or requiring alternative chelation therapy.

### Pack Size:

• Triokris 250 mg - 100 capsules per pack.

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#### Storage:

Store in a light container & store below 25°C, protect from moisture and light.



