

SENTARA HEALTH PLAN

PHARMACY PRIOR AUTHORIZATION REQUEST*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; **fax to 1-800-750-9692**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process may be delayed.**

Drug Requested: sapropterin dihydrochloride (Kuvan®)

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member Sentara #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

DEA OR NPI #: _____

DRUG INFORMATON: Authorization may be delayed if incomplete

Drug Form/Strength/Quantity: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code, if applicable: _____

RECOMMENDED DOSING: Initial dose of 10mg/kg/day is recommended, and may be increased to a dose of 20mg/kg/day after 1 month of treatment if phenylalanine levels do not decrease below baseline levels.

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

Initial Approval: 6 months.

- ☐ Prescriber is a metabolic geneticist or a physician knowledgeable in the management of PKU
- ☐ Patient has a diagnosis of hyperphenylalaninemia due to tetrahydrobiopterin (BH4)-responsive phenylketonuria
- ☐ Baseline phenylalanine labs must be submitted (please attach current labs with level)
- ☐ Patient's current weight (please note): _____
- ☐ Patient is compliant with a phenylalanine-restricted diet (please submit chart notes documenting current phenylalanine intake and use of Phe-free medical food supplements)

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- ☐ Patient does **not** have hepatic or renal impairment
- ☐ sapropterin dihydrochloride (Kuvan®) will **NOT** be used in combination with Palynziq™
- ☐ For brand name Kuvan approval: Member has had trial and intolerable life-endangering adverse event with generic sapropterin dihydrochloride (must submit completed MedWatch form and chart notes to document adverse event)
- ☐ Is patient a pregnant female? (please note): ☐ Yes ☐ No

Reauthorization Approval: 1 year. Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

- ☐ Phenylalanine levels have decreased by at least 30% from baseline levels and have remained below baseline (please attach current labs with level)
- ☐ Patient remains compliant with a phenylalanine-restricted diet (please submit chart notes documenting current phenylalanine intake and use of Phe-free medical food supplements)
- ☐ Phenylalanine levels will continue to be measured periodically during therapy
- ☐ Patient's current weight: _____
- ☐ sapropterin dihydrochloride (Kuvan®) will **NOT** be used in combination with Palynziq™
- ☐ For brand name Kuvan approval: Member has had trial and intolerable life-endangering adverse event with generic sapropterin dihydrochloride (must submit completed MedWatch form and chart notes to document adverse event)
- ☐ Patient will be maintained on a dose no greater than the FDA-approved maximum of 20mg/kg/day

****Length of authorization will be for 1 year if approved for continuation.**

Yearly reauthorization will be required.**

Medication being provided by a Specialty Pharmacy - PropriumRx

Not all drugs may be covered under every Plan

If a drug is non-formulary on a Plan, documentation of medical necessity will be required.

*****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.*****

****Previous therapies will be verified through pharmacy paid claims or submitted chart notes.****