

SENTARA COMMUNITY PLAN (MEDICAID)

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT 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 can be delayed.

Drug Requested: Javygtor™ | 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: _____

NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Name/Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code, if applicable: _____

Weight (if applicable): _____ Date weight obtained: _____

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
- Member has a diagnosis of hyperphenylalaninemia due to tetrahydrobiopterin (BH4)-responsive phenylketonuria
- Baseline phenylalanine labs must be submitted (please attach current labs with level)

(Continued on next page)

- Member's current weight (please note): _____
- Member is compliant with a phenylalanine-restricted diet (**please submit chart notes documenting current phenylalanine intake and use of Phe-free medical food supplements**)
- Member does **NOT** have hepatic or renal impairment
- Medication will **NOT** be used in combination with Palynziq™
- For brand name Javygtor™ | Kuvan® approval: Member has had a trial and intolerable-life endangering adverse event with generic sapropterin dihydrochloride (must submit completed MedWatch form and chart notes to document adverse effect)
- Is the member a pregnant female? (please note): Yes No

**For continuation of therapy and approval, check ALL applicable boxes below.
Attach current labs with level.
**Length of authorization will be for 1 year if approved for continuation.
Yearly reauthorization will be required****

- Phenylalanine levels have decreased by at least 30% from baseline levels and have remained below baseline (**please attach current labs with level**)
- Member 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
- Member's current weight _____
- Medication will **NOT** be used in combination with Palynziq®
- For brand name Javygtor™ | Kuvan® approval: Member has had a trial and intolerable-life endangering adverse event with generic sapropterin dihydrochloride (must submit completed MedWatch form and chart notes to document adverse effect)
- Member will be maintained on a dose no greater than the FDA-approved maximum of 20mg/kg/day**

Medication being provided by Specialty Pharmacy - PropriumRx

****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.