

**Kuvan**  
**Prior Authorization Request**

**Send completed form to: Case Review Unit CVS Caremark Prior Authorization Fax: 1-866-249-6155**

CVS Caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS Caremark toll-free at 1-866-249-6155.** If you have questions regarding the prior authorization, please contact CVS Caremark at **1-866-814-5506**. For inquiries or questions related to the patient's eligibility, drug copay or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect® 1-800-237-2767.

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**Patient's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Patient's ID:** \_\_\_\_\_ **Patient's Date of Birth:** \_\_\_\_\_  
**Physician's Name:** \_\_\_\_\_ **NPI#:** \_\_\_\_\_  
**Specialty:** \_\_\_\_\_ **Physician Office Fax:** \_\_\_\_\_  
**Physician Office Telephone:** \_\_\_\_\_  
**Request Initiated For:** \_\_\_\_\_

1. What is the diagnosis?
  - Phenylketonuria (PKU)
  - Biotpterin metabolic defects *Please indicate below.*
    - Autosomal dominant guanine triphosphate cyclohydrolase deficiency (Segawa disease)
    - Autosomal recessive guanine (GTP) cyclohydrolase deficiency
    - 6-pyruvovyl-tetrahydropterin synthase (6-PTS) deficiency
    - Sepiapterin reductase deficiency
    - Dihydropteridine reductase (DHPR) deficiency
    - Pterin-4a-carbinolamine dehydralase deficiency (also called primapterinuria)
  - Other \_\_\_\_\_
2. What is the ICD-10 code? \_\_\_\_\_ *No further questions if patient has a biotpterin metabolic defect.*
3. Has the patient completed a therapeutic trial with Kuvan? *If Yes, skip to #5*  Yes  No
4. What is the patient's baseline (including before dietary management) blood phenylalanine (Phe) level?  
 \_\_\_\_\_ mg/dL *No further questions*
5. Which of the following has the patient demonstrated following the therapeutic trial with Kuvan?
  - Reduction in blood phenylalanine (Phe) level of greater than or equal to 30%
  - An improvement in neuropsychiatric symptoms during the therapeutic trial with Kuvan
  - None of the above

***I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.***

**X** \_\_\_\_\_  
**Prescriber or Authorized Signature** **Date (mm/dd/yy)**

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