Member Name: {{MEMFIRST}} {{MEMLAST}} **DOB:** {{MEMBERDOB}} **PA Number:** {{PANUMBER}}

CVS caremark™ {{PANUMCODE}}

Kuvan [sapropterin]

Prior Authorization Request

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: {{MEMFIRST}} {{MEMLAST}} **Date**: {{TODAY}}
Patient's ID {{MEMBERID}} **Patient's Date of Birth:** {{MEMBERDOB}}
Physician's Name: {{PHYFIRST}} {{PHYLAST}}
Specialty: _____, NPI#: _____
Physician Office Telephone: {{PHYSICIANPHONE}} **Physician Office Fax:** {{PHYSICIANFAX}}
Request Initiated For: {{DRUGNAME}}

1. What drug is being prescribed? ❑ Kuvan ❑ sapropterin

2. What is the diagnosis?
   ❑ Phenylketonuria
   ❑ Biopterin metabolic defects
      ❑ Autosomal dominant guanine triphosphate cyclohydrolase deficiency (Segawa disease)
      ❑ Autosomal recessive guanine (GTP) cyclohydrolase deficiency
      ❑ 6-pyruvoyl-tetrahydropterin synthase (6-PTS) deficiency
      ❑ Sepiapterin reductase deficiency
      ❑ Dihydropteridine reductase (DHPR) deficiency
      ❑ Pterin-4a-carbinolamine dehydralase deficiency (also called primapterinuria)
   ❑ Other _____

3. What is the ICD-10 code? _____

4. *If the prescribed drug is Kuvan,* the preferred product for your patient's health plan is sapropterin (generic). Can the patient's treatment be switched to the preferred product? ***If Yes, fax a new prescription to the pharmacy and skip to #8.*** ❑ Yes ❑ No ❑ Not applicable - Kuvan is not being prescribed, *skip to #8*

5. Has the patient failed treatment with the generic medication due to an intolerable adverse event (e.g., rash, nausea, vomiting)? ❑ Yes ❑ No

6. Was the intolerable adverse event an expected adverse event attributed to the active ingredient as described in the prescribing information (i.e., known adverse reaction for both the brand and generic medication)? ❑ Yes ❑ No

7. Was this adverse event documented in the patient's chart? ***ACTION REQUIRED: Documentation is required for approval. Provide SPECIFIC and DETAILED chart documentation including description, date/time, and severity of the adverse event, dosage and duration of generic medication treatment, required intervention (if any), and relevant tests or laboratory data (if any) OR MedWatch form of this trial and failure including the adverse reaction.*** ❑ Yes ❑ No

8. Was the diagnosis confirmed by an enzyme assay, genetic testing, or phenylalanine level?
   ACTION REQUIRED: If Yes, attach supporting chart note(s). ❑ Yes ❑ No

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

9. Is this request for continuation of therapy with Kuvan? *If Yes, skip to diagnosis section.* ❑ Yes ❑ No

10. Is Kuvan being requested for a biopterin metabolic defect? *If Yes, no further questions.* ❑ Yes ❑ No

11. What is the patient's baseline (with dietary interventions alone) blood phenylalanine (Phe) level?
    _____ mg/dL or micromol/L ***(circle one)*** ❑ No baseline blood Phe level *No further questions*

Complete the following section based on the patient's diagnosis, if applicable.

Section A: Phenylketonuria

12. 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% from baseline
    - ❑ Phenylalanine (Phe) levels in an acceptable range (less than 360 micromol/L or 6 mg/dL)
    - ❑ Improvement in neuropsychiatric symptoms
    - ❑ None of the above

Section B: Biopterin Metabolic Defects

13. Is the patient experiencing benefit from therapy as evidenced by disease stability or disease improvement?
    - ❑ Yes - disease stability
    - ❑ Yes - disease improvement
    - ❑ No, neither disease stability nor disease improvement

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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