

## Pharmacy Services

(800) 522-0114, option 4

August 2, 2017

Dear SoonerCare Provider,

The purpose of this fax is to provide information regarding criteria recently established for the reimbursement of Kuvan® (Sapropterin). You are receiving this fax because you prescribed or dispensed Kuvan® for SoonerCare member(s) within the past 6 months. **Effective 08/30/2017, Kuvan® (Sapropterin) soluble tablets, oral solution, and powder for oral solution will require prior authorization.** The authorization criteria for reimbursement is as follows:

### **Kuvan® (Sapropterin) Approval Criteria:**

1. An FDA approved diagnosis of phenylketonuria; and
2. Documentation of active management with a phenylalanine restricted diet; and
3. Member must not have two null mutations in *trans*; and
4. Initial approvals will be for the duration of 30 days. After which time, the prescriber must verify that the member responded to treatment as defined by laboratory documentation of greater than or equal to a 30% decrease in blood phenylalanine levels from baseline.
  - a. If the member was initiated at 10mg/kg/day dose, then a subsequent trial of 20mg/kg/day for a duration of 30 days can be approved. After which time, the prescriber must verify that the member responded to treatment as defined by laboratory documentation of greater than or equal to a 30% decrease in blood phenylalanine levels from baseline.
  - b. If the member was initiated at 20mg/kg/day dose, then no additional approvals will be granted after a trial period of 30 days if the member did not respond to treatment as defined by laboratory documentation of greater than or equal to a 30% decrease in blood phenylalanine levels from baseline.
5. Subsequent approvals will be for the duration of one year.

If a SoonerCare member is currently on therapy with Kuvan®, the medication will be “grandfathered”. Kuvan® will require submission of a prior authorization request after 08/30/2017. If a member requires Kuvan®, prior authorization requests can be submitted for consideration to SoonerCare Pharmacy Services.

Updated versions of prior authorization criteria for Kuvan® (Sapropterin) can be downloaded from [www.okhca.org/rx-pa](http://www.okhca.org/rx-pa), then clicking “Metabolic Disorders”.

Prior authorization request forms can be found online at [www.okhca.org/forms](http://www.okhca.org/forms) (PHARM-04).

Thank you for the services you provide to Oklahomans insured by SoonerCare!