

Drug Name: Kuvan Effective Date: 12/12/2018 Last Revision Date: Date: 12-2018

Drug Name:	Kuvan® (sapropterin)
Prescriber Restrictions:	Must be prescribed by a physician with knowledge and experience in
	metabolic disease
Age Restrictions:	1 month and older
Exclusion Criteria:	
Required Medical	Patient must have a diagnosis of phenylketonuria (PKU)
Information:	 Patient must see a dietician that specializes in PKU/metabolic disease (submit supporting clinical documentation) <u>For Initial Criteria:</u> The patient failed phenylalanine restricted diet alone despite
	strict compliance AND
	 The basline Phe level while on a Phe restricted diet Phe level [60 μmol/L = 1 mg/dL] is:
	 Greater than 6 mg/dL (360 μM/L) if less than 12 years of age OR Greater than 10 mg/dL (600 μM/L) if greater than or equal to 12 and less than18 years of age, OR Greater than 15 mg/dL (900 μM/L) if greater than or equal to 18 years of age AND
	• The patient will have Phe blood levels measured after 1 week of therapy and periodically for up to 2 months of therapy to determine response.
	For Continuation of therapy Criteria:
	 The patient continues to maintain a Phe restricted diet AND The patient has had an objective response to therapy which resulted in a 30% or more decrease in blood phenylalanine levels from baseline OR The patient has had an objective response to therapy which resulted in blood phenylalanine levels decreasing less than 30%, but meeting NIH recommended target phenylalanine levels [patients less than 12 years of age: 2 to 6 mg/dL (120–360 µM/L); patients greater than or equal to 12 years of age: 2 to 10 mg/dL (120–600 µM/L)] AND The dose of Kuvan does not exceed 20mg/kg/day
Notes:	If blood Phe levels do not decrease after one month, the dose should



	be increased to 20 mg/kg daily. If blood Phe levels do not decrease after one month of therapy with 20 mg/kg daily, sapropterin should be discontinued. A responsive patient may receive a dosage within the range of 5-20 mg/kg daily. Kuvan is to be used in conjunction with a Phe-restricted diet
Coverage Duration:	Initial: 2 months Renewals: 12 months