

Drug Name: Palynziq (pegvaliase-pqpz)

Date: 6/7/19

Drug Name:	Palynziq (pegvaliase-pqpz)
Required	Initial
Medical	• Patient has a diagnosis of phenylketonuria (PKU)
Information:	 Prescriber must be certified with Palynziq REMS program
	 Patient currently uncontrolled on existing management and has a blood phenylalanine concentrations greater than 600 micromol/L (labs to be provided)
	 Patient has failed therapy with Kuvan
	• Patient must have prescription of auto-injectable epinephrine on hand at all times
	• Patient has failed therapy with dietary restriction of phenylalanine
	• Palynziq is not being used in combination with Kuvan (sapropterin)
	Renewal – initial (on maintenance dose of 20mg daily for less than 3 months)
	 Patient has been titrated to 20mg daily, or lowest effective and tolerated dose
	 Blood phenylalanine concentration after treatment initiation (labs to be provided)
	• Palynziq is not being used in combination with Kuvan (sapropterin)
	Renewal – maintenance and/or 40mg daily dose
	 Palynziq is not being used in combination with Kuvan (sapropterin); AND
	• Blood phenylalanine concentration lab results provided; AND
	• If requesting new daily dose of 40mg: Documentation that member has been adherent to 20mg daily and requires increase to 40mg once daily because <20% reduction in blood phenylalanine concentration from baseline or blood phenylalanine concentration >600 micromol/L; OR
	 If requesting maintenance daily dose of 20 mg or 40mg: ≥20% reduction in blood phenylalanine concentration from baseline OR blood phenylalanine concentration less than or equal to 600 micromol/L



Quantity Limit	
Coverage	Initial: 3 months
duration:	Renewal:
	• Dose of 20mg once daily: 6 months, 30 ml per 25 days
	• Dose of 40mg once daily (initial): 4 months, 60 ml per 25 days
	• Dose of 40mg once daily (maintenance): 6 months, 60 ml per 25 days