

**SAPROPTERIN**Kuvan, Javygtor (**sapropterin**)

Preferred product: generic sapropterin

**Pre - PA Allowance**

None

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**Prior-Approval Requirements****Age** 1 month of age or older**Diagnosis**

Patient must have the following:

Phenylketonuria (PKU)

**AND ALL** of the following:

- a. Tetrahydrobiopterin (BH<sub>4</sub>) deficiency has been ruled out
- b. Phenylalanine-restricted diet
- c. Prescriber agrees to monitor phenylalanine levels
- d. **NOT** being used in combination with Palynziq (pegvaliase-pqpz)
- e. **Brand Kuvan and Javygtor ONLY:** Patient **MUST** have tried the preferred product (generic Kuvan: sapropterin) unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

**Prior - Approval Limits****Duration** 12 weeks

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**Prior – Approval *Renewal* Requirements****Age** 1 month of age or older**Diagnosis**

Patient must have the following:

Phenylketonuria (PKU)

**AND ALL** of the following:

- a. Phenylalanine-restricted diet
- b. Reduction from baseline phenylalanine levels of 30% or greater



Federal Employee Program.

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- d. **Brand Kuvan and Javygtor ONLY:** Patient **MUST** have tried the preferred product (generic Kuvan: sapropterin) unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

## **Prior - Approval *Renewal* Limits**

**Duration**      12 months