



**BlueCross
BlueShield**

Federal Employee Program

**SAPROPTERIN
PRIOR APPROVAL REQUEST**

Send completed form to:
Service Benefit Plan
Prior Approval
P.O. Box 52080 MC 139
Phoenix, AZ 85072-2080
Attn. Clinical Services
Fax: **1-877-378-4727**

Additional information is required to process your claim for prescription drugs. Please complete the patient portion, and have the prescribing physician complete the physician portion and submit this completed form.

Patient Information (required)				Provider Information (required)		
Date:				Provider Name:		
Patient Name:				Specialty:		NPI:
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			Office Phone:		Office Fax:
Street Address:				Office Street Address:		
City:	State:	Zip:		City:	State:	Zip:
Patient ID:	R <input type="text"/>			Physician Signature:		
PHYSICIAN COMPLETES						

Sapropterin

NOTE: Form must be completed in its **entirety** for processing

Please select medication:	<input type="checkbox"/> Javygtor (sapropterin)	<input type="checkbox"/> Kuvan (sapropterin)	<input type="checkbox"/> Zelvysia (sapropterin)
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****Check www.fepblue.org/formulary to confirm which medication is part of the patient's benefit**

Is this request for brand or generic? ☐ Brand ☐ Generic

Javygtor, Zelvysia, or BRAND Kuvan request (Standard Option Patient): Does the patient have an intolerance or contraindication or have they had an inadequate treatment response to generic Kuvan (sapropterin)? ☐ Yes ☐ No

- Does the patient have a diagnosis of phenylketonuria (PKU)? ☐ Yes ☐ No
- Is the patient currently on a phenylalanine-restricted diet? ☐ Yes ☐ No
- Will this medication be used in combination with Palynziq (pegvaliase-pqpz)? ☐ Yes ☐ No
- Has the patient been on this medication continuously for the last **2 months** excluding samples? **Please select answer below:**
 - ☐ **NO** – this is **INITIATION** of therapy, please answer the following questions:
 - Does the prescriber agree to monitor phenylalanine levels? ☐ Yes ☐ No
 - Has a tetrahydrobiopterin (BH₄) deficiency been ruled out? ☐ Yes ☐ No
 - ☐ **YES** – this is a PA renewal for **CONTINUATION** of therapy, please answer the following question:
 - Has there been a baseline reduction in phenylalanine levels from baseline by 30% or greater? ☐ Yes ☐ No