SPECIALTY GUIDELINE MANAGEMENT

KUVAN (sapropterin dihydrochloride)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indication
Kuvan is indicated to reduce blood phenylalanine (Phe) levels in patients with hyperphenylalaninemia (HPA) due to tetrahydrobiopterin- (BH4-) responsive phenylketonuria (PKU). Kuvan is to be used in conjunction with a Phe-restricted diet.

B. Compendial Uses
A. Autosomal dominant guanine triphosphate cyclohydrolase deficiency (Segawa disease)
B. Autosomal recessive guanine (GTP) cyclohydrolase deficiency
C. 6-pyruvoyl-tetrahydropterin synthase (6-PTS) deficiency
D. Sepiapterin reductase deficiency
E. Dihydropteridine reductase (DHPR) deficiency
F. Pterin-4a-carbinolamine dehydralase deficiency (also called primapterinuria)

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

A. Phenylketonuria (PKU)

a. Authorization of 2 months may be granted for members requesting a therapeutic trial with Kuvan when the pretreatment, including before dietary management, phenylalanine level was greater than 6 mg/dL (360 micromol/L).

b. Authorization of indefinite approval may be granted following a therapeutic trial with Kuvan when the member's therapeutic trial meets either of the following:
   a. Member experienced a reduction in blood Phe level of at least 30% during the therapeutic trial with Kuvan.
   b. Member has demonstrated an improvement in neuropsychiatric symptoms during the therapeutic trial with Kuvan.

B. Biopterin Metabolic Defects

Authorizations of indefinite approval may be granted for members who have any of the following biopterin metabolic defects:
1. Autosomal dominant guanine triphosphate cyclohydrolase deficiency (Segawa disease)
2. Autosomal recessive guanine (GTP) cyclohydrolase deficiency
3. 6-pyruvoyl-tetrahydropterin synthase (6-PTS) deficiency
4. Sepiapterin reductase deficiency
5. Dihydropteridine reductase (DHPR) deficiency
6. Pterin-4a-carbinolamine dehydralase deficiency (also called primapterinuria)

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

IV. REFERENCES

1. Kuvan [package insert]. Novato, CA: BioMarin Pharmaceutical Inc.; August 2016.
2. Vockley J, Andersson HC, Antshel KN, et al. Phenylalanine hydroxylase deficiency: diagnosis and management guideline. *Genet Med.* 2014;16(2):188-200.
3. Singh RH, Rohr F, Frazier D, et al. Recommendations for the nutrition management of phenylalanine hydroxylase deficiency. *Genet Med.* 2014;16(2):121-131.