reliance|rx℠
15 Earhart Drive, Suite 101, Amherst, NY 14221

KUVAN AUTHORIZATION AND RE-AUTHORIZATION REQUEST

TEL: (716) 929-1000 | 1-800-809-4763 FAX: (716) 532-7360

Member Name:	Today's Date:	Date Needed:
Date of birth: Sex: Weight:	Prescriber:	Specialty:
Home Phone Number: ( )	Phone Number: ( )	Fax Number: ( )
Home Address: City: State: Zip:	Address:	City: State: Zip:
Payor: ☐ Independent Health ☐ Anne Arundel Health System ☐ Pharmacy Benefit Dimensions ☐ Commercial ☐ Medicare ☐ Medicaid ☐ Self-funded Insurance ID: Group Number:	Notes : Allergies:	

DRUG NAME:

☐ Kuvan ☐ Sapropterin Dyhydrochloride

☐ New Authorization ☐ Re-Authorization*

Dose: _____

Frequency: _____

Primary Diagnosis: _____

ICD10 Code: _____

☐ Patient has a confirmed diagnosis of hyperphenylalanemia (HPA) due to tetrahydrobiopterin-(BH4-) responsive Phenylketonuria (PKU)

☐ Patient is currently being treated with a phenylalanine (PHE)-restricted diet and is going to continue to adhere to this restricted diet.

☐ Submit current phenalanine level

☐ Patient Weight: _____ Date:_____

Re-Authorization after initial 2 months:

☐ Patient demonstrates at least a 30% decrease in blood PHE levels from baseline

☐ Documentation is submitted that confirms that patient is continuing to adhere to PHE-restricted diet.

Re-Authorization:

☐ Patient's blood PHE level remains adequately controlled

☐ Documentation submitted that patient is continuing to adhere to PHE-restricted diet.