



45 Earhart Drive, Suite 110, Amherst, NY 14221

KUVAN AUTHORIZATION AND RE-AUTHORIZATION

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

Last Name		First Name		Today's Date		Date Needed	
Parent/Guardian				Prescriber		Hospital/Clinic	
Home Phone Number () ()		Work Phone Number () ()		Phone Number () ()		Fax Number () ()	
Home Address		City	State	Zip	Address		City State Zip
Ship To: <input type="checkbox"/> Prescriber <input type="checkbox"/> Patient's Home				Office Contact		Prescriber Speciality	
Language Preference <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other				Contact Preference <input type="checkbox"/> Phone <input type="checkbox"/> Fax			
Known Allergies:				<input type="checkbox"/> Email: _____			
Weight _____ Lbs.	Height _____ Ft _____ In	Date of Birth ____/____/____	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Special Instructions			

INSURANCE INFORMATION	DRUG NAME: KUVAN
Fill out entirely or fax a copy of patient's insurance card (both sides):	<input type="checkbox"/> New Authorization <input type="checkbox"/> Re-authorization*
Primary Insurance: _____	Dose: _____
Name of Insured: _____	Frequency: _____
Policy #: _____	
Group #: _____	
Phone #: _____	
Rx Drug Card #: _____	
Secondary Insurance: _____	
Name of Insured: _____	
Policy #: _____	
Group #: _____	
Phone #: _____	
Rx Drug Card #: _____	
STATEMENT OF MEDICAL NECESSITY	
Primary Diagnosis: _____	
ICD9 Code: _____	
<input type="checkbox"/> 270.1 Phenylketonuria (PKU) includes hyperphenylalaninemia	
Prolonged elevated blood phenylalanine (Phe) levels can result in severe neurologic damage, including severe mental retardation, microcephaly, delayed speech, seizures, and behavioral abnormalities.	
I am prescribing KUVAN for this patient and find it medically necessary for the following reasons (check all that apply):	
<input type="checkbox"/> I want to reduce Phe levels in this patient <input type="checkbox"/> Other: _____	
Does patient have a confirmed diagnosis of hyperphenylalaninemia (HPA) due to tetrahydrobiopterin(BH4)-Phenylketonuria (PKU)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is patient currently being treated with a phenylalanine (PHE)-restricted diet and is going to continue to adhere to this restricted diet? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current phenylalanine level: _____ Date of result: _____	