



PRIOR AUTHORIZATION REQUEST

Palynziq

PATIENT: Name _____
Address: _____
City, State, Zip _____
D.O.B. _____
Member ID: _____

Prescriber: Name _____
Address _____
City, State, Zip _____
Phone _____
Fax _____
NPI _____

Medication Requested: _____ **Qty Requested:** _____

Your patient's prescription benefit requires that we review certain requests for coverage with the prescriber. You have prescribed a medication for your patient that requires Prior Authorization before benefit coverage or coverage of additional quantities can be provided. Please complete the following questions then fax this form to the toll free number listed below. Upon receipt of the completed form, prescription benefit coverage will be determined based on the plan's rules.

SECTION A: Please answer the following questions

1. What is the indication or diagnosis?
 Phenylketonuria - **Please answer questions 2 - 7**
 Other – Please specify _____
2. Is this the request for initial therapy with Palynziq, or, is this a request for continuation of therapy with Palynziq?
 Initial
 Continuation
3. Yes No Does the patient have uncontrolled blood phenylalanine concentrations greater than 600 micromol/L on at least one existing treatment modality?
4. Yes No is the medication being prescribed by or in consultation with a metabolic disease specialist (or specialist who focuses in the treatment of metabolic diseases)?
5. Yes No Is the patient's blood phenylalanine concentration less than or equal to 600 micromol/L?
6. Yes No Has the patient achieved a 20% reduction or more in blood phenylalanine concentration from pre-treatment baseline (that is, blood phenylalanine concentration before starting Palynziq therapy)?
7. Yes No Will Palynziq be used in combination with Kuvan?

Please document the diagnoses, symptoms, and/or any other information important to this review:

**If you have any questions, call:
800-753-2851**



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SECTION B

Physician Signature

PHYSICIAN SIGNATURE

DATE

FAX COMPLETED FORM TO: 877-251-5896

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If you have any questions, call: 800-753-2851