

Effective date: 12/12/2018
Review date: 6/2019, 5/2020, 3/2021, 2/2022, 2/2023, 2/2024, 2/2025, 11/2025
Scope: Medicaid

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

Sapropterin dihydrochloride is indicated to reduce blood phenylalanine (Phe) levels in patients one month of age and older with hyperphenylalaninemia (HPA) due to tetrahydrobiopterin- (BH4-) responsive phenylketonuria (PKU). Sapropterin dihydrochloride is to be used in conjunction with a Phe-restricted diet.

B. Compendial Uses

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 dehydratase deficiency (also called primapterinuria)

All other indications are considered experimental/investigational and not medically necessary.

II. CRITERIA FOR INITIAL APPROVAL

A. **Phenylketonuria (PKU)**

Authorization of 2 months may be granted for members with a diagnosis of phenylketonuria (PKU) and meets the following criteria:

1. Must be prescribed by, or in consultation with, a physician who specializes in the treatment of metabolic disease and/or phenylketonuria (PKU).
2. Documentation that the member must be 1 month of age or older.
3. Documentation that the member has a baseline phenylalanine level greater than or equal to 360 µmol/L (6 mg/dL).
4. The requested medication will be used in conjunction with a phenylalanine (Phe)-restricted diet.
5. Documentation that the member is not receiving sapropterin dihydrochloride in combination with Palynziq (pegvaliase-pqpz) or Sepiapterin.
6. The dose does not exceed 20 mg/kg/day.
 - a. If blood Phe levels do not decrease after one month, the dose should be increased to 20 mg/kg daily. If blood Phe levels do not decrease after one month of therapy with 20 mg/kg daily, sapropterin dihydrochloride should be discontinued. A responsive patient may receive a dosage within the range of 5-20 mg/kg daily.

B. **Biopterin Metabolic Defects**

Authorization of 6 months may be granted for members with documentation 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

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4. Sepiapterin reductase deficiency
5. Dihydropteridine reductase (DHPR) deficiency
6. Pterin-4a-carbinolamine dehydratase deficiency (also called primapterinuria)

III. CONTINUATION OF THERAPY

A. Phenylketonuria (PKU)

Authorization of 6 months may be granted for continued treatment in members with documentation requesting reauthorization for phenylketonuria (PKU) who meet all of the following criteria:

1. The member continues to meet all initial criteria; **AND**
2. Chart notes or medical records demonstrate achievement or maintenance of a 30% decrease in phenylalanine levels from baseline; **OR**
3. Chart notes or medical records demonstrate phenylalanine levels are in an acceptable range (less than 360 $\mu\text{mol/L}$); **OR**
4. Chart notes or medical records demonstrate an improvement in neuropsychiatric symptoms

B. Biopterin Metabolic Defects

Authorization of 6 months may be granted for continued treatment in members with documentation requesting reauthorization for any biopterin metabolic defect listed in Section II who are experiencing benefit from therapy as evidenced by disease stability or disease improvement.

IV. QUANTITY LIMIT

1. sapropterin dihydrochloride 100mg powder packets: 20 packets per day
2. sapropterin dihydrochloride 500mg powder packets: 4 packets per day
3. sapropterin dihydrochloride 100mg tablets: 20 tablets per day

V. REFERENCES

1. Sapropterin dihydrochloride [package insert]. Chestnut Ridge, NY: Par Pharmaceutical; August 2024.
2. Clinical Consult: Caremark Clinical Programs Review: Focus on Phenylketonuria. February 2008.
3. Vockley J, Andersson HC, Antshel KM, et al. Phenylalanine hydroxylase deficiency: diagnosis and management guideline. *Genet Med.* 2014;16(2):188-200.
4. Singh RH, Rohr F, Frazier D, et al. Recommendations for the nutrition management of phenylalanine hydroxylase deficiency. *Genet Med.* 2014;16(2):121-131.