

Phenylketonuria Drug Criteria

Created: October 2018

Reviewed: May 2019, August 2021

Includes:

Palynzig®

Pegvaliase

Kuvan®

Sapropterin

GUIDELINE FOR USE:

For consideration of coverage, refer to the Oregon Medicaid Fee-For-Service Drug Use Criteria at:

https://www.orpdl.org/durm/PA_Docs/phenylketonuria.pdf

Rationale:

To ensure medically appropriate, cost-effective use of medication based on the best available evidence and to align with the Oregon Medicaid Fee for Service Drug Use Criteria.

References:

- 1) Oregon Medicaid FFS Drug Use Criteria. Phenylketonuria. Drug Use Research and Management. Health Systems Division. Oregon Health Authority.