AETNA BETTER HEALTH®
Coverage Policy/Guideline

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Effective Date:	11/6/2025	Last Review Date:	10/2025

Applies to:	☒Illinois	☐Florida	☒Florida Kids
	☒New Jersey	☒Maryland	☐Michigan
	☒Pennsylvania Kids	☒Virginia	☐Kentucky PRMD

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for sapropterin dihydrochloride under the patient's prescription drug benefit.

Description:

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.

FDA-approved Indications[1,4,5,6]

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

Compendial Uses

- Autosomal dominant guanine triphosphate (GTP) cyclohydrolase deficiency (Segawa disease)
- Autosomal recessive guanine triphosphate (GTP) cyclohydrolase deficiency
- 6-pyruvoyl-tetrahydropterin synthase (6-PTS) deficiency
- Sepiapterin reductase deficiency
- Dihydropteridine reductase (DHPR) deficiency
- Pterin-4a-carbinolamine dehydratase deficiency (also called primapterinuria)

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

Applicable Drug List:

Sapropterin dihydrochloride

Policy/Guideline:

Documentation

Submission of the following information is necessary to initiate the prior authorization review: enzyme assay, genetic testing, or phenylalanine level results supporting diagnosis.

Prescriber Specialties

This medication must be prescribed by or in consultation with a physician who specializes in the treatment of metabolic disease and/or phenylketonuria (PKU).

Coverage Criteria

Phenylketonuria (PKU)[1-6]

Authorization of 60 days may be granted when all of the following criteria are met:

- Member is one month of age or older.
- Member has been diagnosed with phenylketonuria and has a baseline phenylalanine level greater than or equal to 360 micromol/L (6mg/dL) with dietary interventions alone.

Note: If a sapropterin product is initiated in a member currently receiving Palynziq for phenylketonuria (PKU), then Palynziq will be discontinued after an appropriate period of overlap.

Biopterin Metabolic Defects

Authorization of 6 months may be granted for members one month of age and older who have any of the following biopterin metabolic defects:

- Autosomal dominant guanine triphosphate (GTP) cyclohydrolase deficiency (Segawa disease)
- Autosomal recessive guanine triphosphate (GTP) cyclohydrolase deficiency
- 6-pyruvoyl-tetrahydropterin synthase (6-PTS) deficiency
- Sepiapterin reductase deficiency
- Dihydropteridine reductase (DHPR) deficiency
- Pterin-4a-carbinolamine dehydratase deficiency (also called primapterinuria)

Continuation of Therapy

Phenylketonuria (PKU)[1,2,4-6]

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

- Achieve or maintain a 30% decrease in phenylalanine levels from baseline; or
- Phenylalanine levels are in an acceptable range (less than 360 micromol/L or 6mg/dL); or

- Demonstrate an improvement in neuropsychiatric symptoms.

Note: Sapropterin products should not be used concomitantly with Palynziq for phenylketonuria (PKU).

Biopterin Metabolic Defects

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

Approval Duration and Quantity Restrictions:

Approval:

Initial approval:

- PKU: 60 days
- Biopterin Metabolic Defects: 6 months

Renewal Approval: 6 months

References:

1. Kuvan [package insert]. Novato, CA: BioMarin Pharmaceutical Inc.; August 2024.
2. Smith WE, Berry SA, Bloom K, et al. Phenylalanine hydroxylase deficiency diagnosis and management: A 2023 evidence-based clinical guideline of the American College of Medical Genetics and Genomics (ACMG). Genet Med. Published online December 2, 2024. doi:10.1016/j.gim.2024.101289
3. Singh RH, Rohr F, Frazier D, et al. Recommendations for the nutrition management of phenylalanine hydroxylase deficiency. Genet Med. 2014;16(2):121-131.
4. Sapropterin dihydrochloride [package insert]. Chestnut Ridge, NY: Par Pharmaceutical; April 2020.
5. Javygtor [package insert]. Princeton, NJ: Dr. Reddy's Laboratories, Inc.; October 2024.
6. Zelvysia [package insert]. Piscataway, NJ: Aucta Pharmaceuticals, Inc.; April 2025