



## PHARMACY POLICY STATEMENT North Carolina Marketplace



For **reauthorization**:

1. Chart notes must show at least one of the following:
  - a) Member has achieved at least a 20% reduction in blood phenylalanine concentration from pretreatment baseline;
  - b) Member has achieved a blood phenylalanine concentration of 600 micromol/L or less.

*If all the above requirements are met, the medication will be approved for an additional 12 months.*

**CareSource considers Palynziq (pegvaliase-pqpz) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.**

DATE	ACTION/DESCRIPTION
07/27/2018	New policy for Palynziq created.
04/30/2021	Updated references. Added requirements for dietary management and Kuvan. Removed exclusion criteria that were from clinical trial. Abbreviated dosing information