

hydroxylase) gene? Please provide genetic testing results. Yes No

Is your patient following a PKU diet (phenylalanine restricted)? Yes No

Prior to starting Palynziq, while following a PKU diet (with or without Kuvan), what is/was your patient's blood phenylalanine concentration?

- 599 micromol/L or less
 600 micromol/L or higher

Is this for new start of therapy or continuation of therapy? If your patient has already begun treatment with drug samples of this drug, please choose "new start of therapy". new start continued therapy

(if continued therapy) Which of the following applies to your patient?

- blood phenylalanine levels were reduced by 20% or more concentration from pre-treatment baseline
 blood phenylalanine levels are being maintained within an acceptable range (120-600 micromol/L)
 neither of the above

(if new start) Is your patient currently being treated with Kuvan (sapropterin)?

- No, not currently - OR - Yes, but the drug will be stopped when Palynziq is started
 Yes, and the patient will continue to use this drug with Palynziq

(if continued therapy) Is/Will your patient be taking Kuvan with Palynziq? Yes No

Additional Information: *Please provide clinical rationale for the use of this drug for your patient (pertinent patient history, alternatives tried, any inability to use alternatives above or standard therapy, etc). Please include drug name(s), date(s) taken and for how long, and what the documented results were of taking each drug, including any intolerances or adverse reactions your patient experienced.*

Attestation: I attest the information provided is true and accurate to the best of my knowledge. I understand that the Health Plan or insurer its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information reported on this form.

Prescriber Signature: _____ **Date:** _____

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