

PRIOR AUTHORIZATION REQUEST FORM

PHENYLBUTYRATES

Buphenyl®, Pheburane®, Ravicti®

For authorization, please answer each question and fax this form PLUS chart notes back to Real Rx at 385-425-4052.

Failure to submit clinical documentation to support this request will result in a dismissal of the request.

DOB: Gender: Office Phone: Office Phone: Office Fax: Office Fax: Office Contact: Height/Weight: Member must try formulary preferred drugs before a request for a non-preferred drug may be considered preferred products has not been successful, you must submit which preferred products have been tried reason for failure. Reasons for failure must meet the Health Plan medical necessity criteria. Preferred: Sodium phenylbutyrate powder, Sodium phenylbutyrate tablets Non-preferred: Pheburane® (sodium phenylbutyrate)	ered. If treatment with			
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Dosing/Frequency:				
If the request is for reauthorization, proceed to reauthorization section				
Questions Yes No Co	Comments/Notes			
1. Is this request for an expedited review? By checking the " Yes " box to request an expedited review (24 hours), you are certifying that applying the standard review time frame (72 hours) may place the member's life, health, or ability to regain maximum function in serious jeopardy.				
	provide documentation			
<u> </u>	provide documentation			
4. Has a nutritional consultation been performed to assess diet?	provide documentation			
5. Will phenylbutyrate be used in combination with a dietary protein restriction?	provide documentation			
6. Does the requesting provider specialize in the treatment of urea cycle disorder?	provide documentation			
REAUTHORIZATION				
1. Is the request for reauthorization of therapy?				

2. Does updated documentation show a continued medical necessity and clinical efficacy of therapy?			Please provide documentation	
What medications and/or treatment modalities have been tried in the past for this condition? Please document				
name of treatment, reason for failure, treatment dates, etc.				
Additional information:				
Physician's Signature:				

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Policy PHARM-058

Origination Date: 05/07/2015 Reviewed/Revised Date: 11/08/2023 Next Review Date: 11/08/2024 Current Effective Date: 12/01/2023

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