

Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: Commercial (Traditional) Commercial (Individual/Optimized)
 Medicaid

This request is: Urgent (life threatening) Non-Urgent (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Buphenyl[®] (sodium phenylbutyrate)

Member

Last Name: _____ First Name: _____
 ID #: _____ DOB: _____ Gender: _____
 Primary Care Physician: _____
 Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____
 Provider Address: _____
 Provider NPI: _____ Contact Name: _____
 Provider Signature: _____ Date: _____

Product Information

New request Continuation request

Drug product: Buphenyl 0.94 grams/gram powder Buphenyl 500 mg tablet
 Start date (or date of next dose): _____
 Date of last dose (if applicable): _____
 Dosing frequency: _____

Drug cost information

The wholesale acquisition cost for Buphenyl is \$27.26 for each tablet. The annual cost of treatment with this drug will vary depending on the patient's circumstances.

Precertification Requirements

Before this drug is covered, the patient must meet all of the following requirements:

1. Diagnosis of chronic hyperammonemia because of a urea cycle disorder
2. Patient's condition cannot be managed by dietary protein restriction
3. Patient's condition cannot be managed by amino acid supplementation

Note: Authorization for indications not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the drug's use for the identified indication.

Priority Health Precertification Documentation

- A. Does the patient have chronic hyperammonemia because of a urea cycle disorder?**
 Yes No - rationale for use: _____
- B. Was there an attempt to manage the patient's condition with dietary protein restriction?**
 Yes No
- C. Was there an attempt to manage the patient's condition with amino acid supplementation?**
 Yes No