

Prescriber Criteria Form

Phenylbutyrate 2025 PA Fax 965-A v1 010125.docx  
 Buphenyl (sodium phenylbutyrate), Pheburane (sodium phenylbutyrate), Olpruva (sodium phenylbutyrate)  
 Coverage Determination

This fax machine is located in a secure location as required by HIPAA regulations.  
 Complete/review information, sign and date. Fax signed forms to CVS Caremark at **1-855-633-7673**. Please contact  
 CVS Caremark at **1-866-785-5714** with questions regarding the prior authorization process. When conditions are  
 met, we will authorize the coverage of Phenylbutyrate.

Drug Name (select from list of drugs shown):

**Patient Name:**

**Patient ID:**

**Patient DOB:**

**Patient Phone:**

**Prescriber Name:**

**Prescriber Address:**

**City:**

**State:**

**Zip:**

**Prescriber Phone:**

**Prescriber Fax:**

**Diagnosis:**

**ICD Code(s):**

**Please circle the appropriate answer for each question.**

1	Is the requested drug being prescribed for chronic management of urea cycle disorder? [If no, then no further questions.]	Yes	No
2	Was the diagnosis of urea cycle disorder confirmed by enzymatic, biochemical, or genetic testing?	Yes	No

Comments:

By signing this form, I attest that the information provided is accurate and true as of this date and that the documentation supporting this information is available for review if requested by the health plan.

**Prescriber (or Authorized) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_