

Clinical Policy Title:	sodium phenylbutyrate
Policy Number:	RxA.776
Drug(s) Applied:	Pheburane®
Original Policy Date:	10/19/2022
Last Review Date:	2/1/2024
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Urea cycle disorders: CPS, OTC, AS (must meet all):

1. Diagnosis of urea cycle disorders (UCDs) caused by one or more of the following (a, b or c):
 - a. CPS deficiency;
 - b. OTC deficiency;
 - c. AS deficiency;

Approval Duration

Commercial: 6 months

Medicaid: 6 months

II. Continued Therapy Approval

A. Urea cycle disorders: CPS, OTC, AS (must meet all):

1. Member is currently receiving or has been treated with this medication within the past 90 days, excluding manufacturer samples.

Approval Duration

Commercial: 12 months

Medicaid: 12 months

References

Not Applicable.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	09/15/2022	10/19/2022
Policy was reviewed.	10/19/2023	10/19/2023
Policy was reviewed: <ol style="list-style-type: none"> 1. Removed prescriber requirement. 2. Removed dosing criteria. 3. Removed 'positive response to therapy' criteria from reauthorization. 	02/01/2024	02/01/2024

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

