

Ravicti (glycerol phenylbutyrate)
Effective 01/01/2023

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Ravicti (glycerol phenylbutyrate) is an enzyme FDA indicated for management of chronic urea cycle disorders (UCD) that cannot be managed by dietary protein restriction and/or amino acid supplementation alone.

Coverage Guidelines

Authorization may be granted for members new to the plan who are currently receiving treatment with Ravicti excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for Ravicti when ALL the following criteria are met, and documentation is provided:

1. Member has a diagnosis of urea cycle disorder
2. Provider has submitted results from genetic test or an enzyme assay test supporting the diagnosis
3. Provider is a specialist in genetic or metabolic diseases or consultation notes from a specialist are provided
4. Member has paid claims or physician documented inadequate response, adverse reaction, or contraindication to sodium phenylbutyrate.

Continuation of Therapy

Reauthorization requires physician documentation of decrease in ammonia levels

Limitations

1. Initial approvals will be for 3 months.
2. Reauthorizations will be for 6 months

References

1. Ravicti (glycerol phenylbutyrate) [prescribing information]. Lake Forest, IL: Horizon Therapeutics USA Inc; September 2021
2. Ammonul (sodium phenylacetate/sodium benzoate) [prescribing information]. Bridgewater, NJ: Bausch Health US, LLC; December 2020
3. Buphenyl (sodium phenylbutyrate) [prescribing information]. Deerfield, IL: Horizon Therapeutics USA, Inc; March 2021

Review History

09/21/2022 – Created and Reviewed at Sept P&T. Effective 01/01/2023.

