

Glycerol phenylbutyrate
Effective 03/01/2026

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		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Medical Benefit	Phone: 833-895-2611	Fax: 888-656-6671
	Pharmacy Benefit	Phone: 800-711-4555	Fax: 844-403-1029
Exceptions	N/A		

Overview

Glycerol phenylbutyrate (Ravicti) is nitrogen-binding agent indicated for management of patients with urea cycle disorders (UCDs) who cannot be managed by dietary protein restriction and/or amino acid supplementation alone. Glycerol phenylbutyrate must be used with dietary protein restriction and, in some cases, dietary supplements.

Coverage Guidelines

Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted when all of the following criteria are met:

1. 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

Requests for reauthorization will be approved when all of the following criteria are met:

1. Documentation of decrease in ammonia levels is submitted

Limitations

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

References

1. Ammonul (sodium phenylacetate/sodium benzoate) [prescribing information]. Bridgewater, NJ: Bausch Health US, LLC; December 2020

2. Buphenyl (sodium phenylbutyrate) [prescribing information]. Deerfield, IL: Horizon Therapeutics USA, Inc; March 2021
3. Ravicti (glycerol phenylbutyrate) [prescribing information]. DeerfieldLake Forest, IL: Horizon Therapeutics USA Inc; September 2025.

Review History

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

12/10/2025 – Reviewed and updated at December P&T. Updated policy to reflect generic availability of Ravicti. Updated policy title to “Glycerol phenylbutyrate.” Effective 03/01/2026.

