

Olpruva (sodium phenylbutyrate) oral suspension
Effective 02/01/2026

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange		Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit			<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
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

Olpruva (sodium phenylbutyrate) is a nitrogen-binding agent indicated as adjunctive therapy to standard of care, which includes dietary management, for the chronic management of adult and pediatric patients 1 year of age or older weighing 7 kg or greater, with urea cycle disorders (UCDs) involving deficiencies of carbamylphosphate synthetase (CPS), ornithine transcarbamylase (OTC), or argininosuccinic acid synthetase (AS).

Coverage Guidelines

Authorization may be granted for members new to 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. Member has a diagnosis of urea cycle disorder (UCD) including arginase deficiency
2. Diagnosis is confirmed by enzymatic, biochemical, or genetic testing
3. Medical charts confirming member has elevated plasma ammonia level at baseline
4. Member's weight is greater than 7 kg
5. Member has had adverse reaction, intolerance, or contraindication to sodium phenylbutyrate

Continuation of Therapy

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

1. Member is experiencing benefit from therapy, as evidenced by a reduction in plasma ammonia level from baseline

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months
2. The following quantity limits apply on the pharmacy benefit:

Drug Name and Dosage Form	Quantity Limit
Olpruva packet for suspension	90 doses per 30 days

References

1. Olpruva (sodium phenylbutyrate) oral suspension [prescribing information]. Newton, MA: Acer Therapeutics, Inc.; October 2025.

Review History

10/11/2023 - Reviewed at Sept P&T, Effective 12/1/2023

11/12/2025 – Reviewed and updated at November P&T. Updated policy to reflect updated weight indication and removed BSA requirement. Effective 02/01/2026.

