Ravicti (glycerol phenylbutyrate)
Effective 01/01/2023

Plan	☒ MassHealth ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ 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 (UCD)
2. Member is ≥ 2 months of age
3. Provider has submitted results from genetic test or an enzyme assay test (liver biopsy, fibroblast from skin biopsy, or red blood cells) supporting the diagnosis
4. Provider is a specialist in genetic or metabolic diseases or consultation notes from a specialist are provided
5. Physician documents member has had inadequate response, adverse reaction, or contraindication to sodium phenylbutyrate*
6. Appropriate dosing

* Requests noting inability to tolerate Buphenyl® (sodium phenylbutyrate) due to unpleasant taste will be evaluated on a case-by-case basis, taking into consideration whether a masking agent (e.g., chocolate syrup or peanut butter) was tried.

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

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