

## PHARMACY PRE-AUTHORIZATION CRITERIA



<b>DRUG (S)</b>	Ravicti (glycerol phenylbutyrate)
<b>POLICY #</b>	23108
<b>INDICATIONS</b>	Ravicit is indicated for use as a nitrogen-binding agent for chronic management of adult and pediatric patients $\geq 2$ months of age with urea cycle disorders (UCDs) who cannot be managed by dietary protein restriction and/or amino acid supplementation alone. Ravicti must be used with dietary protein restriction and, in some cases, dietary supplements (e.g., essential amino acids, arginine, citrulline, protein-free calorie supplements).
<b>CRITERIA</b>	Connecticare considers Ravicti to be medically necessary when all of the following are met: <ul style="list-style-type: none"><li>• The patient has been seen by a geneticist/metabolic specialist and nutritionist</li><li>• The patient has a diagnosis of urea cycle disorder (UCD)</li><li>• The patient has documentation of a protein restrictive diet</li><li>• There has been a failure to control ammonia level</li></ul>
<b>REFERENCES</b>	Ravicti full prescribing information. San Francisco, CA. Hyperion Therapeutics.
<b>P&amp;T REVIEW HISTORY</b>	10/13, 10/14, 11/15, 2/16, 8/17, 7/18
<b>REVISION RECORD</b>	8/17, 2/19