



**GEORGIA MEDICAID FEE-FOR-SERVICE
RAVICTI PA SUMMARY**

Preferred	Non-Preferred
Buphenyl (sodium phenylbutyrate [PBA])	Ravicti (glycerol phenylbutyrate) Sodium phenylbutyrate oral powder generic

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

Ravicti

- ❖ Approvable for members 2 months or older with a diagnosis of urea cycle disorder (UCD) who are unable to be managed by dietary protein restriction and/or amino acid supplementation alone

AND

- ❖ Member has experienced an inadequate response, allergy, contraindication, drug-to-drug interaction or intolerable side effect to sodium in sodium phenylbutyrate (Buphenyl)

AND

- ❖ Must be used with dietary protein restriction.

Sodium Phenylbutyrate Oral Powder Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand Buphenyl oral powder, is not appropriate for the member.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.