



**GEORGIA MEDICAID FEE-FOR-SERVICE
UREA CYCLE DISORDERS, ORAL PA SUMMARY**

Preferred	Non-Preferred
Carbaglu (carglumic acid)*	n/a
Buphenyl (sodium phenylbutyrate tablets, oral powder) Olpruva (sodium phenylbutyrate for oral suspension)	Pheburane (sodium phenylbutyrate oral pellets) Ravicti (glycerol phenylbutyrate oral liquid) Sodium phenylbutyrate oral powder generic

*preferred but requires PA

LENGTH OF AUTHORIZATION: 1 year

NOTE: Carbaglu is preferred but requires prior authorization.

PA CRITERIA:

Carbaglu

- ❖ Approvable for members with a diagnosis of acute hyperammonemia who have a deficiency of N-acetylglutamate synthase (NAGS) with propionic acidemia (PA) or methylmalonic acidemia (MMA) when used as adjunctive therapy to standard of care (i.e., a combination of protein restriction, intravenous glucose, insulin and/or L-carnitine).
- ❖ Approvable for members with a diagnosis of chronic hyperammonemia who have a deficiency of N-acetylglutamate synthase (NAGS).

Pheburane and Sodium Phenylbutyrate Oral Powder Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, brand Buphenyl and Olpruva, are not appropriate for the member.

Ravicti

- ❖ Approvable for members 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-drug interaction or intolerable side effect to sodium in Olpruva (sodium phenylbutyrate)

AND

- ❖ Must be used with dietary protein restriction.

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 Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.