

## PHARMACY POLICY STATEMENT

### Georgia Medicaid

DRUG NAME	Ravicti (glycerol phenylbutyrate)
BILLING CODE	Must use valid NDC code
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home
COVERAGE REQUIREMENTS	Prior Authorization Required (Non-Preferred Product) Alternative preferred product includes Buphenyl QUANTITY LIMIT— 11.2 mL/m <sup>2</sup> /day
LIST OF DIAGNOSES CONSIDERED <b>NOT</b> MEDICALLY NECESSARY	<a href="#">Click Here</a>

Ravicti (glycerol phenylbutyrate) is a **non-preferred** product and will only be considered for coverage under the **pharmacy** benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

### UREA CYCLE DISORDERS (UCDs)

For **initial** authorization:

1. Medication must be prescribed by, or in consultation with a metabolic or genetic specialist; AND
2. Member has documented history of hyperammonemia associated with diagnosis of a UCD as one of the following:
  - a) Carbamoyl phosphate synthetase 1 deficiency (CPS1D);
  - b) Ornithine transcarbamylase deficiency (OTCD);
  - c) Argininosuccinate synthetase deficiency (ASSD/classic citrullinemia/type 1 citrullinemia);
  - d) Argininosuccinate lyase deficiency (ASLD/argininosuccinic aciduria);
  - e) Arginase deficiency (ARG1D/argininemia); AND
3. Member must currently be treated with, and adherent to dietary protein restriction, and when appropriate, dietary supplements (e.g., essential amino acids, arginine, citrulline, protein-free calorie supplements) as documented in chart notes, or evident in pharmacy claims history (*Note: Arginine supplementation should be used in all UCDs except ARG1D, citrulline supplementation should be used in OTCD and CPS1D*); AND
4. Dietary treatment has been insufficient to maintain plasma ammonia levels below the upper limit of normal (ULN), 35 µmol/L, despite treatment adherence; AND
5. Member tried and failed treatment with Buphenyl except one of the following:
  - a) Not tolerated Buphenyl due to severe adverse effects;
  - b) Has contraindication to Buphenyl (e.g., hypersensitivity, pregnancy, breastfeeding);
  - c) Failed to maintain ammonia levels below ULN (35 µmol/L) despite optimized dosing (13 g/m<sup>2</sup>/day, max: 20 g/day) and treatment adherence;
  - d) Treatment was complicated by a clinical state where there is sodium retention and edema (e.g., congestive heart failure, severe renal insufficiency); AND
6. Member does **not** have ANY of the following:
  - a) N-acetylglutamate synthase (NAGS) deficiency;
  - b) Concomitant use of drugs known to increase ammonia levels (e.g., valproate, haloperidol, systemic corticosteroids); AND
7. Ravicti is NOT being used to treat acute hyperammonemia.
8. **Dosage allowed:** 4.5 to 11.2 mL/m<sup>2</sup>/day (5 to 12.4 g/m<sup>2</sup>/day).

***If member meets all the requirements listed above, the medication will be approved for 12 months.***

For **reauthorization**:

1. Member meets all initial authorization requirements; AND
2. Chart notes have been provided that show the member has shown improvement of signs and symptoms of disease (e.g., normalized plasma ammonia levels).

***If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.***

**CareSource considers Ravicti (glycerol phenylbutyrate) not medically necessary for the treatment of the following disease states based on a lack of robust clinical controlled trials showing superior efficacy compared to currently available treatments:**

- Byler disease (progressive familial intrahepatic cholestasis 1 (PFIC-1))
- Cirrhosis, hepatic encephalopathy
- Cystic fibrosis
- Medium-chain acyl-CoA dehydrogenase (MCAD) deficiency

DATE	ACTION/DESCRIPTION
05/20/2019	New policy for Ravicti created.

References:

1. Ravicti [package insert]. Lake Forest, IL: Horizon Therapeutics; 2018 Dec.
2. Buphenyl (sodium phenylbutyrate) [prescribing information]. Deerfield, IL: Horizon Pharma; June 2015.
3. ClinicalTrials.gov. Identifier: NCT00992459. Efficacy and Safety of HPN-100 for the Treatment of Adults With Urea Cycle Disorders. Available: [clinicaltrials.gov/ct2/show/NCT00992459](http://clinicaltrials.gov/ct2/show/NCT00992459).
4. ClinicalTrials.gov. Identifier: NCT01347073. Study of the Safety, Pharmacokinetics and Efficacy of HPN-100, in Pediatric Subjects With Urea Cycle Disorders (UCDs). Available: [clinicaltrials.gov/ct2/show/NCT01347073](http://clinicaltrials.gov/ct2/show/NCT01347073).
5. ClinicalTrials.gov. Identifier: NCT 00999167. A Study of Safety and Efficacy of HPN-100 in Subjects With Cirrhosis and Episodic Hepatic Encephalopathy (HALT-HE). Available: [clinicaltrials.gov/ct2/show/NCT00999167](http://clinicaltrials.gov/ct2/show/NCT00999167).
6. ClinicalTrials.gov. Identifier: NCT01881984. Use of Ravicti™ in Patients With MCAD Deficiency With the 985A>G (K304E) Mutation. Available: [clinicaltrials.gov/ct2/show/NCT01881984](http://clinicaltrials.gov/ct2/show/NCT01881984).
7. Häberle J, et al. Suggested Guidelines for the Diagnosis and Management of Urea Cycle Disorders. Orphanet Journal of Rare Diseases. 2012 Dec;7(1):32. Available: [ncbi.nlm.nih.gov/pmc/articles/PMC3488504](http://ncbi.nlm.nih.gov/pmc/articles/PMC3488504).
8. National Organization for Rare Diseases. [rarediseases.org/physician-guide/urea-cycle-disorders](http://rarediseases.org/physician-guide/urea-cycle-disorders).
9. NIH Rare Diseases Clinical Research Network: Urea Cycle Disorders Consortium. Urea Cycle Treatment Guidelines. Available: [rarediseasesnetwork.org/cms/ucdc/healthcare-professionals/treatment-guidelines](http://rarediseasesnetwork.org/cms/ucdc/healthcare-professionals/treatment-guidelines).
10. Ah Mew N, et al. Urea cycle disorders overview. In: Adam MP, et al., eds. GeneReviews® [Internet]. Seattle (WA): University of Washington, Seattle; 1993-2019. 2003 Apr 29 [updated 2017 Jun 22].

Effective date: 07/01/2019

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