

POLICY NAME	Ravicti (glycerol phenylbutyrate)	POLICY #	3179P
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Criteria

Coverage Criteria for Urea Cycle Disorders

- ☐ **1.1** Diagnosis of chronic disorder of the urea cycle confirmed by enzymatic, biochemical, or genetic testing
- ☐ **1.2** Age 2 months or older
- ☐ **1.3** Prescribed by or in consultation with a gastroenterologist (stomach doctor)
- ☐ **1.4** Documented trial and failure of dietary protein restriction and/or amino acid supplementation
 - Documentation of ongoing dietary protein restriction and supplementation
- ☐ **1.5** Documented trial and failure, intolerance or contraindication to sodium phenylbutyrate (Buphenyl)