

# Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to:  **Commercial (Traditional)**     **Commercial (Individual/Optimized)**

**Medicaid**

This request is:  **Urgent** (life threatening)     **Non-Urgent** (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

## Carbaglu<sup>®</sup> (carglumic acid)

### Member

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

ID #: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Requesting Provider: \_\_\_\_\_ Prov. Phone: \_\_\_\_\_ Prov. Fax: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider NPI: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Product Information

New request     Continuation request

Drug product:     Carbaglu 200 mg tablet

Start date (or date of next dose): \_\_\_\_\_

Date of last dose (if applicable): \_\_\_\_\_

Dosing frequency: \_\_\_\_\_

### Drug cost information

The wholesale acquisition cost for one Carbaglu tablet is \$146.63. The annual cost of treatment with this drug is more than \$105,000.

### Precertification Requirements

Before this drug is covered, the patient must meet all of the following requirements:

1. Diagnosis of deficiency of N-acetylglutamate synthase (NAGS)
2. Acute or chronic hyperammonemia

**Note:** Authorization for indications, dosing, or a route of administration not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the appropriateness of the drug, the dosing of the drug, or the route of administration to be used for the identified indication.

### Priority Health Precertification Documentation

**A. What condition is this drug being requested for?**

- N-acetyl glutamate synthase (NAGS) deficiency  
 Other – the patient's condition is: \_\_\_\_\_

**B. Why is the patient using this drug?**

- Treatment of acute hyperammonemia  
 Treatment of chronic hyperammonemia