

	ior Authorization Fo		
Fax completed fo This form applies to:	rm to: 877.974.4411 toll fro	•	Individual/Optimized)
This form applies to.	☐ Medicaid		marvidual/Optimized)
This request is:	Urgent (life threatening) Urgent means the standard review ti to regain maximum function.	Non-Urgent (standard me may seriously jeopardize the life	I review) or health of the patient or the patient's ability
Carbaglu ^o	•		
Member			
Last Name:			
ID #:			Gender:
Primary Care Physician:			
Requesting Provider:			Prov. Fax:
Provider Address: Provider NPI:			
Provider Signature:			
Product Informatio	 n		
☐ New request ☐ Co			
Drug product:		Start date (or date of next dose): Date of last dose (if applicable): Dosing frequency:	
Drug cost informat	ion		
The wholesale acquisithan \$142,362.	tion cost for one Carbaglu tablet i	s \$198.12. The annual cost o	f treatment with this drug is more
Precertification Re	quirements		
Before this drug is cov	ered, the patient must meet all of the	he following requirements:	
Diagnosis of deficiency Acute or chronic hyperature	cy of N-acetylglutamate synthase (N <i>A</i> erammonemia	AGS)	
accepted compendia (e.g. E evidence for coverage. Plea	rugDex, AHFS, U.S. Pharmacopeia, and	also Clinical Pharmacology for oncol	g Administration (FDA) or recognized in CMS- ogy indications only) require supporting priateness of the drug, the dosing of the drug,
Priority Health Pre	certification Documentation		
	s this drug being requested for mate synthase (NAGS) deficiency tient's condition is:		
	at using this drug? acute hyperammonemia ahronic hyperammonemia		