

Member Name: {{MEMFIRST}} {{MEMLAST}} DOB: {{MEMBERDOB}} PA Number: {{PANUMBER}}



Carbaglu

Prior Authorization Request

CVS Caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS Caremark toll-free at 1-866-249-6155.** If you have questions regarding the prior authorization, please contact CVS Caremark at 1-866-814-5506. For inquiries or questions related to the patient's eligibility, drug copay or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect® 1-800-237-2767.

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Patient's Name: {{MEMFIRST}} {{MEMLAST}} **Date:** {{TODAY}}
Patient's ID {{MEMBERID}} **Patient's Date of Birth:** {{MEMBERDOB}}
Physician's Name: {{PHYFIRST}} {{PHYLAST}}
Specialty: _____, **NPI#:** _____
Physician Office Telephone: {{PHYSICIANPHONE}} **Physician Office Fax:** {{PHYSICIANFAX}}
Request Initiated For: {{DRUGNAME}}

- What is the patient's diagnosis?
 N-acetylglutamate synthase (NAGS) deficiency
 Methylmalonic acidemia
 Propionic acidemia
 Other _____
- What is the ICD-10 code? _____
- The preferred product for your patient's health plan is generic carglumic acid. Can the patient's treatment be switched to the preferred product? **If Yes, please send a new prescription to the pharmacy and skip to #6**
 Yes - generic carglumic acid No - Continue request for Carbaglu
- Does the patient have a documented intolerable adverse event to the preferred product, generic carglumic acid?
ACTION REQUIRED: If Yes, attach supporting chart note(s). Yes No
- Was the documented intolerable adverse event an expected adverse event attributed to the active ingredient as described in the prescribing information? **ACTION REQUIRED: If No, attach supporting chart note(s).**
 Yes No

Complete the following section based on the patient's diagnosis, if applicable.

Section A: N-acetylglutamate Synthase (NAGS) Deficiency

- Is this request for continuation of therapy with Carbaglu? Yes No *If No, skip to #8*
- Is the patient experiencing benefit from therapy as evidenced by a decrease in ammonia levels from baseline since starting therapy? **ACTION REQUIRED: If Yes, attach supporting chart note(s) or lab results for ammonia levels.** Yes No *No further questions.*
- Was the diagnosis confirmed by enzymatic, biochemical, or genetic testing? **ACTION REQUIRED: If Yes, attach supporting chart note(s) or test result(s).** Yes No

Send completed form to: Case Review Unit, CVS Caremark Prior Authorization Fax: 1-866-249-6155

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9. Does the patient have elevated plasma ammonia levels at baseline? ***ACTION REQUIRED: If Yes, attach supporting chart note(s) or lab results for ammonia levels.*** Yes No

Section B: Methylmalonic Acidemia / Propionic Acidemia

10. Is this request for continuation of therapy with Carbaglu? Yes No *If No, no further questions.*

11. Is the patient experiencing benefit from therapy as evidenced by disease stability or disease improvement?
- Yes, disease stability
 - Yes, disease improvement
 - No, neither disease stability nor disease improvement

I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.

X _____

Prescriber or Authorized Signature

Date (mm/dd/yy)

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