

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? \_\_\_\_\_
- If the diagnosis is N-acetylglutamate synthase (NAGS) deficiency, was the diagnosis confirmed by enzymatic or genetic testing? **ACTION REQUIRED: If Yes, attach supporting chart note(s).**  Yes  No
- Is this request for continuation of therapy with Carbaglu?  Yes  No *If No, no further questions.*

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

#### Section A: N-acetylglutamate Synthase (NAGS) Deficiency

5. Has the patient experienced a decrease in ammonia levels from baseline since starting therapy?  Yes  No

#### Section B: Methylmalonic Acidemia and Propionic Acidemia

6. 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)**

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

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**CVS Caremark Prior Authorization • 1300 E. Campbell Road • Richardson, TX 75081**

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