

Prescriber Criteria Form

Carbaglu 2025 PA Fax 840-A v1 010125.docx
 Carbaglu (carglumic acid)
 Coverage Determination

This fax machine is located in a secure location as required by HIPAA regulations. Complete/review information, sign and date. Fax signed forms to CVS Caremark at **1-855-633-7673**. Please contact CVS Caremark at **1-866-785-5714** with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Carbaglu (carglumic acid).

Drug Name:
 Carbaglu (carglumic acid)

Patient Name:		
Patient ID:		
Patient DOB:	Patient Phone:	
Prescriber Name:		
Prescriber Address:		
City:	State:	Zip:
Prescriber Phone:	Prescriber Fax:	
Diagnosis:	ICD Code(s):	

Please circle the appropriate answer for each question.			
1	Does the patient have a diagnosis of N-acetylglutamate synthase (NAGS) deficiency? [If no, then skip to question 3.]	Yes	No
2	Has the diagnosis been confirmed by enzymatic, biochemical, or genetic testing? [No further questions.]	Yes	No
3	Does the patient have a diagnosis of methylmalonic acidemia (MMA)? [If yes, then no further questions.]	Yes	No
4	Does the patient have a diagnosis of propionic acidemia (PA)?	Yes	No

Comments: _____

By signing this form, I attest that the information provided is accurate and true as of this date and that the documentation supporting this information is available for review if requested by the health plan.

Prescriber (or Authorized) Signature: _____ **Date:** _____