



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service
Prior Authorization Criteria

Carbaglu[®] (carglumic acid)
[Prior Authorization Request Form](#)

Prior authorization requests for Carbaglu will be approved if the following criteria are met:

1. Adjunctive therapy for the treatment of acute hyperammonemia due to the deficiency of the hepatic enzyme N-acetylglutamate synthase (NAGS);

OR

2. Maintenance therapy for the treatment of chronic hyperammonemia due to the deficiency of the hepatic enzyme N-acetylglutamate synthase (NAGS); **AND**
3. Patient has a diagnosis of hyperammonemia due to the deficiency of the hepatic enzyme-N-acetylglutamate synthase confirmed by enzyme analysis or DNA mutation analysis

OR

4. Patient is awaiting confirmation of hyperammonemia due to the deficiency hepatic enzyme-N-acetylglutamate synthase enzyme analysis or DNA mutation analysis (approval will be limited to three (3) months), **AND**
5. Dose requested is between 100mg/kg/day and 250mg/kg/day and is rounded to the nearest 100mg for adults. (For pediatric doses, the tablet should be dissolved in 2.5ml of water to yield a concentration of 80mg/ml.)

*PI Orphan Europe SARI
Paris, France
US Approval 2010*

*Review and Approved
DUR Board 03/02/2011*