

<b>POLICY NAME</b>	Carbaglu (carglumic acid)	<b>POLICY #</b>	<b>1781P</b>
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## Criteria

### Coverage Criteria

- ☐ **1.1 Documented diagnosis of one of the following:**
  - N-acetylglutamate synthase (NAGS) deficiency confirmed by enzyme essays which demonstrate a deficiency of NAGS enzyme activity or by DNA testing
  - Methylmalonic acidemia (MMA)
  - Propionic academia (PA)
- ☐ **1.2 Medication is ordered by a physician experienced in metabolic disorders**
- ☐ **1.3 Coverage of brand Carbaglu requires trial or clinical contraindication to generic carglumic acid tablets**