

POLICY NAME	Carbaglu (carglumic acid)	POLICY #	1781P
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Criteria

Coverage Criteria

- ☐ 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)
- ☐ Medication is ordered by a physician experienced in metabolic disorders
- ☐ Coverage of brand Carbaglu requires trial or clinical contraindication to generic carglumic acid tablets