CareSource Rxinnovations

PHARMACY POLICY STATEMENT
North Carolina Marketplace

DRUG NAME	Carbaglu (carglumic acid)
BENEFIT TYPE	Pharmacy
STATUS	Prior Authorization Required

Carbaglu, approved by the FDA in 2010, is a carbamoyl phosphate synthetase 1 (CPS 1) activator initially indicated in pediatric and adult patients as adjunctive therapy to standard of care for the treatment of acute hyperammonemia due to N-acetylglutamate synthase (NAGS) deficiency. Carbaglu is also indicated for maintenance therapy for the treatment of chronic hyperammonemia due to NAGS deficiency. It is also approved as adjunctive therapy to standard of care for the treatment of acute hyperammonemia due to propionic acidemia (PA) or methylmalonic acidemia (MMA).
NAGS deficiency is the rarest of the urea cycle disorders. PA and MMA are metabolic acidemias.

Carbaglu (carglumic acid) will be considered for coverage when the following criteria are met:

N-acetylglutamate Synthase (NAGS) Deficiency with Hyperammonemia

For **initial** authorization:
1. Medication must be prescribed by or in consultation with a geneticist or a metabolic disorder specialist; AND
2. Member has a diagnosis of NAGS deficiency confirmed by enzyme analysis or DNA mutation analysis; AND
3. Member has an elevated plasma ammonia level based on the patient's age; AND
4. Member has a normal anion gap and a normal blood glucose level; AND
5. Member will be taking Carbaglu as adjunctive therapy to standard of care treatment; AND
6. **Dosage allowed/Quantity limit:**
   Acute Hyperammonemia due to NAGS deficiency:100 mg/kg/day to 250 mg/kg/day orally divided into 2 to 4 doses and rounded to the nearest 100 mg.
   Chronic Hyperammonemia due to NAGS deficiency:10 mg/kg/day to 100 mg/kg/day orally divided into 2 to 4 doses and rounded to the nearest 100 mg.

If all the above requirements are met, the medication will be approved for 3 months.

For **reauthorization**:
1. Chart notes must show improved or stabilized signs and symptoms of disease, demonstrated by a normalized or improved ammonia level.

If all the above requirements are met, the medication will be approved for an additional 12 months.

Propionic Acidemia (PA) or Methylmalonic Acidemia (MMA), Acute Treatment

For **initial** authorization:
1. Medication must be prescribed by or in consultation with a genetic or metabolic disorder specialist; AND
2. Member has a diagnosis of Propionic Acidemia (PA) or Methylmalonic Acidemia (MMA), confirmed by genetic testing, urine organic acid analysis, or enzymatic studies; AND

3. Member has a documented plasma ammonia level of ≥ 70 micromol/L; AND
4. Member will be taking Carbaglu as adjunctive therapy with other ammonia-lowering therapies, such as intravenous glucose, insulin, L-carnitine, protein restriction, and dialysis; AND
5. **Dosage allowed/Quantity limit:**
   Weight ≤ 15kg: 150mg/kg/day orally, divided in 2 equal doses for up to 7 days
   Weight > 15kg: 3.3g/m^2/day orally, divided in 2 equal doses for up to 7 days

If all the above requirements are met, the medication will be approved for 7 days.

For **reauthorization**:
1. Medication will not be reauthorized.

CareSource considers Carbaglu (carglumic acid) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
05/03/2022	New policy for Carbaglu created.
01/23/2025	Added reference. Removed specialists except metabolic and genetics. NAGS: Changed as adjunct to protein-restricted diet to as adjunct to standard of care (to match label). PA/MMA: Changed ammonia at least 50 to at least 70 (to match clinical study/label).

References:

1. Carbaglu tablets [prescribing information]. Lebanon, NJ: Recordati Rare Diseases; 2024.
2. Kenneson A, Singh RH. Presentation and management of N-acetylglutamate synthase deficiency: a review of the literature. *Orphanet J Rare Dis*. 2020;15(1):279.
3. Forny P, Hörster F, Ballhausen D, et al. Guidelines for the diagnosis and management of methylmalonic acidaemia and propionic acidaemia: First revision. *J Inherit Metab Dis*. 2021 May;44(3):566-592.
4. Haijes HA, van Hasselt PM, Jans JJM, Verhoeven-Duif NM. Pathophysiology of propionic and methylmalonic acidemias. Part 2: Treatment strategies. *J Inherit Metab Dis*. 2019 Sep;42(5):745-761.
5. Baumgartner MR, Hörster F, Dionisi-Vici C, et al. Proposed guidelines for the diagnosis and management of methylmalonic and propionic acidemia. *Orphanet J Rare Dis*. 2014;9:130.
6. Ah Mew N, Simpson KL, Gropman AL, et al. Urea Cycle Disorders Overview. 2003 Apr 29 [Updated 2017 Jun 22]. In: Adam MP, Feldman J, Mirzaa GM, et al., editors. GeneReviews® [Internet]. Seattle (WA): University of Washington, Seattle; 1993-2025. Available from: https://www.ncbi.nlm.nih.gov/books/NBK1217/

Effective date: 07/01/2025
Revised date: 01/23/2025