Mass General Brigham
Health Plan

Carbaglu (carglumic acid)
Effective 12/01/2020

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Carbaglu is used for the adjunctive treatment of acute hyperammonemia and maintenance therapy of chronic hyperammonemia due to the deficiency of the hepatic enzyme N-acetylglutamate synthase (NAGS) in adult and pediatric patients

Coverage Guidelines
Authorization may be granted for members who are currently receiving treatment with Carbaglu, excluding when the product is obtained as samples or via manufacturer's patient assistance programs
OR
Authorization may be granted when one of the following criteria is met:

1. Diagnosis is hyperammonemia due to the N-acetylglutamate synthetase (NAGS) deficiency

Continuation of Therapy
Reauthorization may be granted when improvement per physician assessment/evaluation and documentation of improved and/or normalized blood ammonia levels for age is received.

Limitations

1. Initial approvals will be granted for 12 months.
2. Reauthorizations will be granted for 36 months.

Appendix

Recommended Dosing:	
Acute hyperammonemia (adult & pediatric)	Initial: 100 to 250 mg/kg/day
Chronic hyperammonemia (adult & pediatric)	Initial: ≤ 100mg/kg/day Maintenance: dose titrated to the normal plasma ammonia level for age (generally less than 100 mg/kg/day); total daily dose should be divided

	into 2 to 4 doses and rounded to the nearest 100 mg.
Note: tablets should not be swallowed whole or crushed. Please refer to the prescribing information for adult and pediatric oral administration recommendations as well as nasogastric tube administration directions.	

Pharmacist's Notes:

1. Any episode of acute symptomatic hyperammonemia should be treated as a life-threatening emergency & treatment may require hemodialysis in some instances.
2. The management of hyperammonemia due to NAGS deficiency should be done in coordination with medical personnel experienced in metabolic disorders.
3. Plasma ammonia levels should also be maintained within normal range for age through individual dose adjustment.
4. During acute hyperammonemia episodes, protein restrictions and hyper-caloric intake is recommended to block ammonia-generating catabolic pathways. Protein intake can subsequently be increased when ammonia levels have normalized.

References

1. Carbaglu (carglumic acid) [prescribing information]. Lebanon, NJ: Recordati Rare Diseases Inc; December 2019
2. Lee B. Clinical features and diagnosis of urea cycle disorders. In: Firth HV (Ed). UpToDate [database on the Internet]. Waltham (MA): UpToDate; 2014. Available from: http://www.utdol.com/utd/index.do.
3. NAGS deficiency [press release on the Internet]. Paris (France): Orphan Europe SARL; 2007 Mar 22. Available from: http://www.orphan-europe.com/Data/ModuleGestionDeContenu/03-Diseases/Hyperammonaemia/16.asp.
4. Carglumic acid. Cross-Discipline Team Leader Review [monograph on the Internet]. Rockville (MD): Center for Drug Evaluation and Research; 2010. Available frfentanom: http://www.accessdata.fda.gov/drugsatfda_docs/nda/2010/022562s000crossr.pdf.
5. Gessler P, Buchal P, Schwenk HU, Wermuth B. Favourable long-term outcome after immediate treatment of neonatal hyperammonemia due to N-acetylglutamate synthase deficiency. Eur J Pediatr. 2010;169:197-199.
6. N-acetylglutamate synthetase deficiency. National Organization of Rare Diseases (NORD). 2014. Available at: http://www.rarediseases.org/rare-disease-information/rare-diseases/byID/313/viewFullReport
7. Daniotti M, la Marca G, Fiorini P, Filippi L. New developments in the treatment of hyperammonemia: emerging use of carglumic acid. Int J Gen Med 2011; 4:21
8. Lee B, Diaz GA, Rhead W, et al. Glutamine and hyperammonemic crises in patients with urea cycle disorders. Mol Genet Metab 2016; 117:27

Review History

06/25/2012 – Reviewed
06/24/2013 – Reviewed
06/23/2014 – Reviewed
06/22/2015 – Reviewed
06/27/2016 – Reviewed
06/26/2017 – Reviewed
06/25/2018 – Reviewed
06/19/2019 – Reviewed

07/22/2020 – Reviewed and updated July P&T Mtg; added started and stabilized statement
09/16/2020 – Reviewed and updated Sept P&T Mtg; removed specialist requirement; references updated. Effective 12/01/2020.