Member Name: _____ Member ID: _____ Member DOB: _____

Drug Name: _____ Strength: _____ Directions: _____

Physician Name: _____ Physician Phone #: _____ Specialty: _____

Physician Fax #: _____ Pharmacy Name: _____Pharmacy Phone: _____

Horizon NJ Health
Urea Cycle Disorder Products (Buphenyl, Ravicti, Carbaglu) – Medical Necessity Request
****Complete page 1 for Initial Requests Only****

General Questions:

1. What is the member's current weight? ____ lbs or ____ kg

2. What is the member's current height? ____ cm or ____ in

3. Is the medication being prescribed by or in consultation with a geneticist or a physician experienced in treating metabolic disorders? **Yes or No**

Diagnosis Information (please indicate the diagnosis and answer the related questions):

1. What is the diagnosis?
    a. □ Urea Cycle Disorder
        i. Is the medication being used for the treatment of acute hyperammonemia? **Yes or No**
        ii. Will the medication be used in conjunction with dietary protein restriction? **Yes or No**

    b. □ Treatment of **chronic** hyperammonemia due to N-acetylglutamate synthase (NAGS) deficiency

    c. □ Treatment of **acute** hyperammonemia due to N-acetylglutamate synthase (NAGS) deficiency, proprionic academia (PA) or methylmalonic acidemia (MMA)

    d. □ Other: _____

2. Was the diagnosis confirmed by enzymatic, biochemical, or genetic testing? **Yes or No**

For Ravicti requests only:

1. Has the member tried sodium phenylbutyrate for this diagnosis? **Yes or No**
    a. If **Yes**, why was it discontinued?
    _____
    b. If **No**, why not? _____

2. Is the medication being used for treatment of N-acetylglutamate synthase (NAGS) deficiency? **Yes or No**

For Carbaglu requests only:

1. Is the medication being used for the treatment of **acute** hyperammonemia? **Yes or No**
    a. If **Yes**, will the medication be used in conjunction with other ammonia lowering therapies (e.g., alternative pathway drugs, hemodialysis, and dietary protein)? **Yes or No**

Physician office's signature*_____ Print Name_____
***Form must be completed and signed by physician or licensed representative from the physician's office**

Member Name: _____ Member ID: _____ Member DOB: _____

Drug Name: _____ Strength: _____ Directions: _____

Physician Name: _____ Physician Phone #: _____ Specialty: _____

Physician Fax #: _____ Pharmacy Name: _____Pharmacy Phone: _____

****Complete page 2 only for Subsequent/Renewal requests****

General Questions:

1. What is the member's current weight? ____ lbs or ____ kg

2. What is the member's current height? ____ cm or ____ in

3. Is the medication prescribed by or in consultation with a geneticist or a physician experienced in treating metabolic disorders? **Yes or No**

4. **Please submit lab results within the past 6 months indicating a normal or improved ammonia level**

Diagnosis Information (please indicate the diagnosis and answer the related questions):

1. What is the diagnosis?
    a. □ Urea Cycle Disorder
        i. Is the medication being used for the treatment of acute hyperammonemia? **Yes or No**
        ii. Will the medication be used in conjunction with dietary protein restriction? **Yes or No**

    b. □ Treatment of **chronic** hyperammonemia due to N-acetylglutamate synthase (NAGS) deficiency

    c. □ Treatment of **acute** hyperammonemia due to N-acetylglutamate synthase (NAGS) deficiency, proprionic academia (PA) or methylmalonic acidemia (MMA)

    d. □ Other: _____

For Ravicti requests only:

1. Is the medication being used for treatment of N-acetylglutamate synthase (NAGS) deficiency? **Yes or No**

For Carbaglu requests only:

1. Is the medication being used for the treatment of **acute** hyperammonemia? **Yes or No**
    a. If **Yes**, will the medication be used in conjunction with other ammonia lowering therapies (e.g., alternative pathway drugs, hemodialysis, and dietary protein)? **Yes or No**

Physician office's signature*_____ Print Name_____
***Form must be completed and signed by physician or licensed representative from the physician's office**