



Texas Standard Prior Authorization Form Addendum

Molina Healthcare of Texas
Carbaglu (Medicaid)

This fax machine is located in a secure location as required by HIPAA Regulations. Complete / Review information, sign, and date. Fax signed forms to Molina Pharmacy Prior Authorization Department at 1-888-487-9251. Please contact Molina Pharmacy Prior Authorization Department at 1-855-322-4080 with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Carbaglu (Medicaid).

Table with 1 column and 2 rows: Drug (Carbaglu)

Table with 1 column and 4 rows: Patient Information (Patient Name, Patient ID, Patient DOB)

Table with 1 column and 6 rows: Prescribing Physician (Physician Name, Physician Phone, Physician Fax, Physician Address, City, State, Zip)

Table with 2 columns and 2 rows: Diagnosis, ICD Code, Directions for administration

\*\*\*Please include all relevant clinical notes, lab work, medication history and any other applicable documentation.

Please circle the appropriate answer for each question.

- 1. Does the patient have a diagnosis of hyperammonemia due to the deficiency of N-acetylglutamate synthase (NAGS) in the past 730 days?
2. Is this request for a non-preferred drug?
3. Has the patient failed at least 1 preferred agent(s)?

4. Is there a documented allergy or contraindication to preferred agents in this class?

Y      N

*If the answer to this question is yes, approved for 365 days.*

*If the answer to this question is no, denied.*

Comments:

*I affirm that the information given on this form is true and accurate as of this date.*

\_\_\_\_\_  
Prescriber (or Authorized) Signature

\_\_\_\_\_  
Date