Gout Agents

Please fax this completed form to (866) 399-0929 OR mail to: Envolve Pharmacy Solutions PA Department | 5 River Park Place East, Suite 210 | Fresno, CA 93720.

Date of request:	Reference #:	MAS:	
Patient	Date of birth	ProviderOne ID or Coordinated Care ID	
Pharmacy name	Pharmacy NPI	Telephone number	Fax number
Prescriber	Prescriber NPI	Telephone number	Fax number
Medication and strength	Directions for use	Qty/Days supply	

1. Is this request for a continuation of existing therapy? ☐ Yes ☐ No
   If yes, is there documentation showing a positive clinical response? ☐ Yes ☐ No

2. Please indicate patient's diagnosis:
   - ☐ Symptomatic hyperuricemia associated with gout
   - ☐ Other. Specify: _____

For febuxostat (Uloric) and pegloticase (Krystexxa), answer the following:

3. Has patient's diagnosis been confirmed by one of the following:
   - ☐ Measurement of blood uric acid levels
   - ☐ Measurement of erythrocyte sedimentation rate
   - ☐ Polarized light microscopy for identification of crystal in synovial fluids obtained from joints or bursas
   - ☐ Magnetic resonance imaging for gouty tophus

4. Has patient had any of the following in the last 18 months?
   - ☐ -steroidal anti-inflammatory drugs (NSAIDs)
   - ☐ At least 1 gout tophus or gouty arthritis

5. Have medications known to precipitate gout attacks been discontinued/changed? ☐ Yes ☐ No
   If no, explain: _____

For pegloticase (Krystexxa), answer the following:

6. Does patient have a history of failure (normalize serum uric acid to less than 6 mg/dL) to at least 3 months at maximum tolerated dose, contraindication or intolerance to allopurinol AND febuxostat? ☐ Yes ☐ No

7. Does the patient have history of G6PD deficiency? ☐ Yes ☐ No

8. Will the patient take an oral urate-lowering medication while on Krystexxa? ☐ Yes ☐ No

For febuxostat (Uloric), answer the following:

BLACK BOX WARNING:

- **Gout patients with established cardiovascular (CV) disease treated with febuxostat had a higher rate of CV death compared to those treated with allopurinol in a CV outcome study.**
- **Consider the risks and benefits of febuxostat when deciding to prescribe or continue patients on febuxostat. Febuxostat should only be used in patients who have inadequate response to a maximally titrated dose of allopurinol, who are intolerant to allopurinol, or for whom treatment with allopurinol is not advisable.**

9. Does patient have a history of failure (normalize serum uric acid to less than 6 mg/dL) to at least 3 months at maximum tolerated dose, contraindication or intolerance to allopurinol? ☐ Yes ☐ No

10. Will the patient be taking azathioprine or mercaptopurine? ☐ Yes ☐ No		
11. Has prescriber assessed cardiovascular risk factors to determine the benefits and risk associated with febuxostat and counseled the patient about the cardiovascular risks with febuxostat? ☐ Yes ☐ No		
CHART NOTES ARE REQUIRED WITH THIS REQUEST		
Prescriber signature	Prescriber specialty	Date

Envolve Pharmacy Solutions will respond via fax or phone within 24 hours of receipt of the request. Requests for prior authorization must include member name, ID#, and drug name. Please include lab reports with requests when appropriate (e.g., Culture and Sensitivity; Hemoglobin A1C; Serum Creatinine; CD4; Hematocrit; WBC, etc.)