

Pegloticase (Krystexxa™) MP-2.154 Preauthorization Request

(Preauthorization is not a guarantee of payment)

SECTION I – General Information

Anticipated infusion dates: Start Date: / / End Date: / /	Fax completed form to: 1-866-805-4150 toll free
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SECTION II – Member Information

Member Name:	Member ID:	Member DOB / /
Plan Type: <input type="checkbox"/> Traditional <input type="checkbox"/> Comprehensive <input type="checkbox"/> PPO <input type="checkbox"/> POS <input type="checkbox"/> KHPC <input type="checkbox"/> Special Care <input type="checkbox"/> Sr. Blue HMO <input type="checkbox"/> Sr. Blue PPO		

SECTION III – Provider Information

Requesting Provider Name: Address:	Requesting Provider CBC # _____ NPI # _____
Telephone #:	Fax #:
Contact Name:	Contact Telephone #:
Place of Service: <input type="checkbox"/> MD Office <input type="checkbox"/> Name/Address of the Hospital/Clinic/Home Health	

SECTION IV – Preauthorization Requirements and w Criteria

☐ **Initial Authorization Request** (maximum 1 year)

Diagnosis: ☐ Gout Primary ICD Diagnosis Code: HCPC: J2507

Consulting rheumatologist recommends treatment with pegloticase (Krystexxa™) ☐ Yes ☐ No

For treatment of chronic gout

☐ Yes ☐ No Baseline serum uric acid (SUA) level of at least 8 mg/dL.

Baseline Serum Uric Acid Level: _____ Current Serum Uric Acid Level: _____

Pharmacologic treatment history includes ANY ONE of the following:

☐ Yes ☐ No Medical contraindication to xanthine oxidase inhibitors (e.g. allopurinol [Aloprim®, Zyloprim®], febuxostat [Uloric®])

☐ Yes ☐ No Failure to normalize uric acid (to less than 6 mg/dL) after at least 3 months of treatment at the maximum medically appropriate dose of xanthine oxidase inhibitors.

For treatment of symptomatic gout flare: (Mark all that apply)

☐ Yes ☐ No Crystal identification in joint fluid

☐ Yes ☐ No Classic presentation of the podagra involving the first metatarsophalangeal (MTP) joint.

☐ Yes ☐ No At least 3 gout flares in the previous 18 months

☐ Yes ☐ No At least 1 gout tophus

☐ Yes ☐ No Gouty arthritis

☐ **Re-Authorization** (Maintenance Therapy) (maximum 1 year) To be completed for continuation of therapy

☐ Yes ☐ No Consulting rheumatologist recommends continued treatment with pegloticase (Krystexxa™)

☐ Yes ☐ No Therapy has demonstrated efficacy as evidenced by an improvement in serum uric acid levels (to less than 6 mg/dL).

Dosing Information

Dose:	Frequency
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SECTION V – Physician Signature

Signature Required:	Date: / /
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