



**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: <b>1-866-805-4150 toll free</b>
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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**

<input type="checkbox"/> <b>Initial Authorization Request (maximum 1 year)</b>		
<b>Diagnosis:</b> <input type="checkbox"/> Gout	Primary ICD Diagnosis Code:	HCPC: J2507
Consulting rheumatologist recommends treatment with pegloticase (Krystexxa™) <input type="checkbox"/> Yes <input type="checkbox"/> No		

**For treatment of chronic gout**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Baseline serum uric acid (SUA) level of at least 8 mg/dL.
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Baseline Serum Uric Acid Level: \_\_\_\_\_ Current Serum Uric Acid Level: \_\_\_\_\_

**Pharmacologic treatment history includes ANY ONE of the following:**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical contraindication to xanthine oxidase inhibitors (e.g. allopurinol [Aloprim®, Zylorprim®], febuxostat [Uloric®])
<input type="checkbox"/> Yes <input type="checkbox"/> 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)**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Crystal identification in joint fluid
<input type="checkbox"/> Yes <input type="checkbox"/> No	Classic presentation of the podagra involving the first metatarsophalangeal (MTP) joint.
<input type="checkbox"/> Yes <input type="checkbox"/> No	At least 3 gout flares in the previous 18 months
<input type="checkbox"/> Yes <input type="checkbox"/> No	At least 1 gout tophus
<input type="checkbox"/> Yes <input type="checkbox"/> No	Gouty arthritis

<input type="checkbox"/> <b>Re-Authorization (Maintenance Therapy) (maximum 1 year) To be completed for continuation of therapy</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Consulting rheumatologist recommends continued treatment with pegloticase (Krystexxa™)
<input type="checkbox"/> Yes <input type="checkbox"/> 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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<b>SECTION V – Physician Signature</b>	
<b>Signature Required:</b>	Date: / /

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