

KRYSTEXXA (pegloticase) PRIOR AUTHORIZATION FORM *(form effective 01/03/2022)*

Prior authorization guidelines for **Antihyperuricemics** and **Quantity Limits/Daily Dose Limits** are available on Geisinger Health Plan's website at <https://healthplan.geisinger.org/pharmacy/pharmacy.aspx?strip=true&style=OneGeisinger>

<input type="checkbox"/> New request	<input type="checkbox"/> Renewal request	total # of pgs: _____	Prescriber name:	
Name of office contact:			Specialty:	
Contact's phone number:			NPI:	State license #:
LTC facility contact/phone:			Street address:	
Beneficiary name:			Suite #:	City/state/zip:
Beneficiary ID#:	DOB:	Phone:	Fax:	

CLINICAL INFORMATION

Drug requested:	<input type="checkbox"/> Krystexxa 8 mg/ml vial	<input type="checkbox"/> Krystexxa _____
Directions:	Quantity:	Refills:
Diagnosis <i>(submit documentation)</i> :	Dx code (required):	

ALL requests

Is Krystexxa being prescribed by or in consultation with a specialist?	<input type="checkbox"/> Yes	<i>Submit documentation of consultation if applicable.</i>
Does the beneficiary have glucose-6-phosphate dehydrogenase (G6PD) deficiency?	<input type="checkbox"/> Yes	<i>Submit documentation of G6PD screening for at-risk beneficiaries.</i>
Will the beneficiary be using Krystexxa concomitantly with any oral urate-lowering medications?	<input type="checkbox"/> Yes	<i>Submit beneficiary's current complete medication list.</i>

INITIAL requests

Does the beneficiary have a history of trial and failure of maximally tolerated doses of xanthine oxidase inhibitors (e.g., allopurinol, febuxostat) as indicated by any of the following? <i>Check all that apply.</i> <input type="checkbox"/> Continues to have frequent gout flares (≥2 flares per year) <input type="checkbox"/> Has non-resolving subcutaneous tophi	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Submit documentation.</i>
Does the beneficiary have a recent uric acid level that is above goal (based on ACR guidelines) despite maximally tolerated doses of xanthine oxidase inhibitors (e.g., allopurinol, febuxostat)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Submit lab results.</i>
Does the beneficiary have a contraindication or an intolerance to maximally tolerated doses of xanthine oxidase inhibitors (e.g., allopurinol, febuxostat)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Submit documentation.</i>
Was the beneficiary counseled regarding the following? <i>Check all that apply.</i> <input type="checkbox"/> Appropriate dietary and lifestyle modifications <input type="checkbox"/> Discontinuation of other medications known to precipitate gout attacks	<input type="checkbox"/> Yes – <i>Submit documentation.</i> <input type="checkbox"/> No	

RENEWAL requests

Did the beneficiary experience improvement in disease severity since initiating treatment with Krystexxa?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Submit documentation of clinical response.</i>
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Please submit to PromptPA <https://ghp.promptpa.com> OR fax to Geisinger Health Plan at 570-271-5610 the completed form with required clinical documentation.

GHP Family Pharmacy Customer Service
100 N. Academy Ave.
Danville, PA 17822
Tel. • 855-552-6028 PA Relay 711 GeisingerHealthPlan.com



Prescriber Signature:	Date:
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