GHP Family Pharmacy Customer Service 100 N. Academy Ave. Danville, PA 17822

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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

Name of office contact: Contact's phone number: NPI: State license #: LTC facility contact/phone: Beneficiary name: Beneficiary name: Suite #: City/state/zip: Beneficiary ID#: DOB: Phone: Fax: CLINICAL INFORMATION Drug requested: Directions: Directions: Diagnosis (submit documentation): Drug requests LKrystexxa being prescribed by or in consultation with a specialist? Does the beneficiary have glucose-6-phosphate dehydrogenase (G6PD) deficiency? Will the beneficiary be using Krystexxa concomitantly with any oral urate-lowering medications? No complete medication list. INITIAL requests No complete medication list. No complete medication list. No complete medication list. No complete medication list.		total # of pgs:	Prescriber name:					
Street address: Suite #: City/state/zip: Beneficiary name: Suite #: City/state/zip: Beneficiary ID#: DOB: Phone: Fax: Fax:	Name of office contact:	Specialty:						
Beneficiary name: Beneficiary ID#: DOB: Phone: Fax: CLINICAL INFORMATION Drug requested: Krystexxa 8 mg/ml vial Krystexxa Directions: Diagnosis (submit documentation): Diagnosis (submit documentation): Diagnosis (submit documentation): ALL requests Is Krystexxa being prescribed by or in consultation with a specialist? Does the beneficiary have glucose-6-phosphate dehydrogenase (G6PD) deficiency? Will the beneficiary be using Krystexxa concomitantly with any oral urate-lowering medications? No consultation of G6PD screening for at-risk beneficiaries. No complete medication list. NITIAL 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? Check all that	Contact's phone number:		NPI:		State license #:			
Beneficiary ID#: DOB: Phone: Fax: CLINICAL INFORMATION Drug requested: Krystexxa 8 mg/ml vial Krystexxa Directions: Quantity: Refills: Diagnosis (submit documentation): Dx code (required): ALL requests Is Krystexxa being prescribed by or in consultation with a specialist? Pyes Submit documentation of consultation if applicable. Does the beneficiary have glucose-6-phosphate dehydrogenase (G6PD) deficiency? Will the beneficiary be using Krystexxa concomitantly with any oral urate-lowering medications? Pyes Submit beneficiary's current complete medication list. NITIAL 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? Check all that	LTC facility contact/phone:		Street address:					
CLINICAL INFORMATION Drug requested:	Beneficiary name:		Suite #:	City/state/zip:				
Drug requested:	Beneficiary ID#:	DOB:	Phone:	Fax:				
Directions: Diagnosis (submit documentation): Diagnosis (submit documentation): Diagnosis (submit documentation): Diagnosis (submit documentation): Documentation of consultation with a specialist? Does the beneficiary have glucose-6-phosphate dehydrogenase (G6PD) deficiency? Will the beneficiary be using Krystexxa concomitantly with any oral urate-lowering medications? 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? Check all that	CLINICAL INFORMATION							
Diagnosis (submit documentation): Dx code (required):	Drug requested: Krystexxa 8 mg/ml vial Krystexxa							
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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? Check all that	Will the honoficiany he using Knystovya concemitantly with any oral urate lowering medications?			Yes	Submit beneficiary	's current		
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? Check all that					complete medicati	ion list.		
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anniv	oxidase inhibitors (e.g., allopurinol, febuxostat) as indicated by any of the following? <i>Check all that apply.</i>				Submit documentation.			
☐ Continues to have frequent gout flares (≥2 flares per year) ☐ Has non-resolving subcutaneous tophi	□Continues to have frequent gout flares (≥2 flares per year)							
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)? Submit lab results.					Submit lab results.			
Does the beneficiary have a contraindication or an intolerance to maximally tolerated doses of xanthine oxidase inhibitors (e.g., allopurinol, febuxostat)?				□Yes □No	Submit documentation.			
Was the beneficiary counseled regarding the following? Check all that apply. Appropriate dietary and lifestyle modifications Yes – Submit documentation.	· · · · · · · · · · · · · · · · · · ·			☐Yes – 3	Yes – Submit documentation.			
□ Discontinuation of other medications known to precipitate gout attacks	· · · · · · · · · · · · · · · · · · ·			□No				
RENEWAL requests	Dill.		•		0 1 11			
Did the beneficiary experience improvement in disease severity since initiating treatment with Krystexxa? Yes Submit documentation of clinical response.		ting treatment with			ation of clinical			

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.

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Prescriber Signature:	Date:

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