



Gout Agents

Please provide the information below, please print your answer, attach supporting documentation, sign, date, and return to our office as soon as possible to expedite this request. Please FAX responses to: (800) 869-7791. Phone: (800) 213-5525, Option 1-2-2.

Date of request:			
Patient	Date of birth	Molina 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
<p>1. Is this request for a continuation of existing therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">If yes, is there documentation showing a positive clinical response? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Please indicate patient's diagnosis:</p> <p><input type="checkbox"/> Symptomatic hyperuricemia associated with gout</p> <p><input type="checkbox"/> Prophylaxis of gout flares</p> <p><input type="checkbox"/> Other. Specify: _____</p> <p>For colchicine oral solution, answer the following:</p> <p>3. Is patient unable to tolerate colchicine tablets or capsules due to one of the following?</p> <p><input type="checkbox"/> Dysphagia <input type="checkbox"/> Oral/motor difficulties <input type="checkbox"/> Other. Specify: _____</p> <p>4. Does patient have any of the following? (check all that apply)</p> <p><input type="checkbox"/> Hepatic impairment <input type="checkbox"/> Renal impairment <input type="checkbox"/> None</p> <p>5. Is patient taking any of the following? (check all that apply)</p> <p><input type="checkbox"/> CYP3A4 inhibitors <input type="checkbox"/> P-glycoprotein inhibitors <input type="checkbox"/> None</p> <p>For febuxostat and pegloticase, answer the following:</p> <p>6. Has patient's diagnosis been confirmed by one of the following:</p> <p><input type="checkbox"/> Measurement of blood uric acid levels</p> <p><input type="checkbox"/> Measurement of erythrocyte sedimentation rate</p> <p><input type="checkbox"/> Polarized light microscopy for identification of crystal in synovial fluids obtained from joints or bursas</p> <p><input type="checkbox"/> Magnetic resonance imaging for gouty tophus</p>			

7. Has patient had any of the following in the last 18 months?
- At least 3 gout flares that were inadequately controlled by colchicine, corticosteroids, or non-steroidal anti-inflammatory drugs (NSAIDs)
 - At least 1 gout tophus or gouty arthritis

8. Have medications known to precipitate gout attacks been discontinued/changed?

Yes No

If no, explain: _____

For pegloticase (Krystexxa), answer the following:

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 AND febuxostat? Yes No

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

11. 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.**

12. 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

13. Will the patient be taking azathioprine or mercaptopurine? Yes No

14. 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
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