

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: (855) 322-4082.**

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

1. Is this request for a continuation of existing therapy?  Yes  No  
 If yes, is there documentation showing a positive clinical response?  Yes  No

2. Please indicate patient's diagnosis:

Symptomatic hyperuricemia associated with gout

Other. Specify: \_\_\_\_\_

**For febuxostat (Uloric) and pegloticase (Krystexxa), answer the following:**

3. Has patient's diagnosis been confirmed by one of the following:

Measurement of blood uric acid levels

Measurement of erythrocyte sedimentation rate

Polarized light microscopy for identification of crystal in synovial fluids obtained from joints or bursas

Magnetic resonance imaging for gouty tophus

4. 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

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

Yes  No

If no, explain: \_\_\_\_\_

**For pegloticase (Krystexxa), answer the following:**

6. 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
7. Does the patient have history of G6PD deficiency?  Yes  No
8. 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.**

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?  Yes  No
10. Will the patient be taking azathioprine or mercaptopurine?  Yes  No
11. 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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