

Uloric (Febuxostat) Prior Authorization Form

START HERE

**Member &
Prescriber
Information**

Member Name:	Prescriber Name:
	Prescriber Specialty:
Member Date of Birth:	Prescriber Phone #:
Member ID #:	Prescriber Fax #:

Criteria

Must have hyperuricemia associated with gout symptoms.

Secondary causes of hyperuricemia not eligible for coverage.

Prior therapy with Allopurinol 600mg daily (or renal adjusted equivalent dose) required. Incomplete response includes documented intolerance to Allopurinol.

Quantity limit of 30 tablets per 30 day supply.

An ongoing FDA required safety study is evaluating the long-term cardiovascular safety of Febuxostat compared with Allopurinol. Patients with the following comorbid conditions were explicitly excluded from clinical trials: Serum creatinine > 1.5mg/dl; use of azathioprine; 6-mercaptopurine; theophylline; BMI > 50; and history of hepatic disease.

Diagnosis:

Patient new to Uloric (Febuxostat) therapy

Incomplete response to Allopurinol titrated to 600mg daily

Reason for incomplete response:

Presence of Tophi

Other therapies used for this patient's gout and hyperuricemia

Corticosteroids

NSAIDS (i.e. indomethacin, naproxen, etc.)

Colchicine

Probenecid

Patient continuing Uloric (Febuxostat) therapy

Current Uloric Regimen:

Uric acid level on Uloric:

**Choose
Regimen**

Uloric 40mg once daily

Uloric 80mg once daily

Other: _____

**Sign/Date &
Mail or Fax**

Prescriber Signature: _____ Date: _____

Prescriber NPI: _____

Mailing Address

Physicians Plus Insurance Corporation
Attn: Pharmacy Services
P.O. Box 2078
Madison WI 53701-2078

Physicians Plus Pharmacy Services Fax:

(608) 258-1905

Prior Authorization Questions?

(608) 260-7803 or (800) 545-5015 (ext. 7803)

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