



MONTANA HEALTHCARE PROGRAMS

November 21, 2017

Physician Administered Drug Prior Authorization Criteria for Kyrstexxa®

The criteria are as follows:

- Patient is at least 18 years of age
- Medication is prescribed by a rheumatologist (or documented consult)
- Baseline serum uric acid level is greater than 8m/dl
- Patient has a documented contraindication, intolerance to, or failure after at least a 90 day course of allopurinol AND febuxostat (Uloric)
- Patient has symptomatic gout with one or more of the following:
 - Three or more flares in the past 18 months
 - Presence of one or more tophi
 - Chronic gouty arthritis
- If the above criteria are met, initial authorization will be limited to 3 months. Documentation from progress notes describing positive response to treatment and lack of serious side effects will be required.
- Reauthorization will not be granted if patient has more than 2 serum uric acid levels over 6 mg/dl after initiation.
- Maximum allowed dose will be 8mg every 14 days

Length of authorization: 3 months