

Montana Healthcare Programs
Physician Administered Drug Coverage Criteria

KRYSTEXXA[®] (pegloticase)

I. Medication Description

Krystexxa[®] is a PEGylated uric acid specific enzyme indicated for:

- Treatment of chronic gout in adult patients refractory to conventional therapy.

II. Position Statement

Coverage is determined through a prior authorization process **that must include** supporting clinical documentation for each request

III. Initial Coverage Criteria

Member must meet all the following criteria:

- Member must be 18 years of age or older.
- Must be prescribed by a Rheumatologist or have a documented consult on file.
- Baseline serum uric acid level greater than 8mg/dL.
- Member must have symptomatic gout with one or more of the following:
 - o Chronic gouty arthritis
 - o Three or more flares in the past 18 months
 - o Presence of one or more tophi
- Member has a documented contraindication, intolerance to, or failure after at least a 90-day course of allopurinol **AND** Uloric[®].
- Member screened for G6PD deficiency.
- Urate lowering medications have been discontinued and will not be used concurrently with Krystexxa[®].

IV. Renewal Coverage Criteria

Member must meet all the following criteria:

- Member has been adherent to Krystexxa[®].
- Member has experienced a positive clinical response.
- Reauthorization **will not** be granted if member has more than 2 serum uric acid levels over 6mg/dL after initiation.

V. Quantity Limitations

Max 8mg IV every 14 days.

VI. Coverage Duration

Initial approval duration: 3 months

Renewal approval duration: 1 year