

Market Applicability				
Market	GA	MD	NJ	NY
Applicable	X	X	X	X

Krystexxa (pegloticase)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Krystexxa (pegloticase)	May be subject to quantity limit

APPROVAL CRITERIA

Initial requests for Krystexxa (pegloticase) may be approved if the following criteria are met:

- I. Individual is 18 years of age or older; **AND**
- II. Individual has 1 or more of the following (Sundy 2011):
 - A. Three or more gout flares in the previous 18 months; **OR**
 - B. One or more tophus present; **OR**
 - C. History of chronic gouty arthropathy, defined clinically or radiographically as joint damage due to gout;

AND

- III. Documentation is provided that individual has a baseline serum uric acid of 6 mg/dL or greater prior to initiating Krystexxa (pegloticase) (FitzGerald 2020);

AND

- IV. Documentation is provided that individual has failed to respond to, is intolerant of, or has a medical contraindication to one or more of the following conventional therapies (FitzGerald 2020):
 - A. A xanthine oxidase inhibitor (allopurinol or febuxostat); **OR**
 - B. Combination therapy of 1 xanthine oxidase inhibitor given with a uricosuric agent (for example, probenecid).

Continuation requests for Krystexxa (pegloticase) may be approved if the following criterion is met:

- I. There is confirmation of clinically significant improvement in clinical signs and symptoms of disease (including but not limited to reduction in serum uric acid level, gout flare reduction, tophus resolution, reduction in joint pain) (Sundy 2011).

Krystexxa (pegloticase) may **not** be approved for the following:

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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Applicable	X	X	X	X

- I. All other indications not included above; **OR**
- II. Individual has asymptomatic hyperuricemia; **OR**
- III. Individual has a known glucose-6-phosphate dehydrogenase (G6PD) deficiency.

Key References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: April 13, 2021.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. FitzGerald JD, Dalbeth N, Mikuls T, et al. 2020 American College of Rheumatology Guideline for the Management of Gout. *Arthritis Rheumatol*. 2020;72(6):879-895. Available at: <https://onlinelibrary.wiley.com/doi/epdf/10.1002/art.41247>.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2021; Updated periodically.
5. Sundy JS, Baraf HS, Yood RA, et al. Efficacy and tolerability of pegloticase for the treatment of chronic gout in patients refractory to conventional treatment: two randomized controlled trials. *JAMA* 2011; 306:711–720.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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