

POLICY NAME	Krystexxa (pegloticase)	POLICY #	2418P
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Criteria

Criteria for coverage of Krystexxa

- ☐ Diagnosis of symptomatic chronic gout
- ☐ Documentation that the member is not at high risk for a G6PD deficiency (a genetic disorder that causes red blood cells to break down prematurely)
 - If the member is at high risk for G6PD deficiency, submission of lab results which indicate no G6PD deficiency
- ☐ Documented 3-month trial and failure, intolerance, or contraindication a xanthine oxidase inhibitor:
 - Allopurinol or febuxostat
- ☐ Documentation to support Krystexxa will be taken with methotrexate unless contraindicated
 - This requirement can be bypassed if patient is already stabilized on another immunosuppressant due to this increased risk of significant immunosuppression