

**POLICY NAME**

Krystexxa (pegloticase)

**POLICY #**

## Criteria

### Criteria for coverage of Krystexxa

- ☐ **1.1** Diagnosis of symptomatic chronic gout
- ☐ **1.2** 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
- ☐ **1.3** Documented 3-month trial and failure, intolerance, or contraindication a xanthine oxidase inhibitor:
  - Allopurinol or febuxostat
- ☐ **1.4** 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

### Approval Time

- ☐ **2.1** Initial Approval: 12 months
- ☐ **2.2** Reapproval: 12 months with documentation that the member has not had 2 consecutive uric acid levels above 6mg/dL CPT Codes HCPCS Codes J2507 Injection, pegloticase, 1mg  
References