

<b>POLICY NAME</b>	Krystexxa (pegloticase)	<b>POLICY #</b>	<b>2418P</b>
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## 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