Market Applicability/Effective Date														
Market	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**LA**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

Medication	Comment
Krystexxa (pegloticase)	N/A

OVERRIDE(S)

Prior Authorization of Benefits

APPROVAL DURATION

1 year

APPROVAL CRITERIA

Krystexxa (pegloticase) may be approved for an individual with chronic, treatment-refractory gout when the following criteria are met:

I. Individual is 18 years of age or older; **AND**
II. Individual has 1 or more of the following:
    a. 3 or more gout flares in the previous 18 months; **OR**
    b. 1 or more tophus; **OR**
    c. History of chronic gouty arthropathy, defined clinically or radiographically as joint damage due to gout;

AND

III. Individual has a baseline serum uric acid of 6 mg/dL or greater prior to initiating pegloticase; **AND**
IV. Individual has undertaken lifestyle modifications, such as weight loss for obese individuals (weight control) or avoidance of, or limiting alcohol consumption or dietary intake of meats and fish high in purine content; **AND**
V. Individual has failed to respond to, is intolerant of, or has a medical contraindication to 1 or more of the following conventional therapies:
    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).

Krystexxa (pegloticase) may **NOT** be approved when the criteria are not met and for all other indications including, but not limited to:

I. Individual has asymptomatic hyperuricemia; **OR**
II. Individual has a known glucose-6-phosphate dehydrogenase (G6PD) deficiency.