



The drug, Kyrstexxa (pegloticase), is subject to the prior authorization process.

## PROCEDURE

### **Initial Authorization Criteria:**

*Must meet all of the criteria listed below:*

- Must be prescribed by or in consultation with a rheumatologist
- Must have a diagnosis of symptomatic chronic gout defined as:
  - Baseline serum uric acid level >8mg/dL
  - At least 3 gout flares in the previous 18 months or a history of at least 1 gout tophus or of gouty arthritis
- Must have an adequate trial of a xanthine oxidase inhibitor [e.g. allopurinol or febuxostat (Uloric)] with an inadequate response at maximum dosing [800mg/day for allopurinol and 80mg/day for febuxostat (Uloric)] or intolerance, unless these agents are contraindicated
  - Inadequate response is defined as the inability of these agents to normalize uric acid to less than 6mg/dL with at least 3 months of treatment
- Must be administered in a healthcare setting by a healthcare provider who is prepared to treat anaphylaxis

### **Reauthorization Criteria:**

All prior authorization renewals are reviewed on an annual basis to determine the Medical Necessity for continuation of therapy. Authorization may be extended at 1-year intervals based upon:

- Chart documentation from the prescriber that the member's condition has improved based upon the prescriber's assessment while on therapy.
- Chart documentation showing that the member's last 2 uric acid levels, prior to Krystexxa (pegloticase) infusion, were not greater than 6mg/dL
- Chart documentation showing adherence with every 2 week dosing regimen

### **Limitations:**

Length of Authorization (if above criteria met)	
Initial Authorization	Up to 6 months
Reauthorization	Up to 1 year



If the established criteria are not met, the request is referred to a Medical Director for review.

## REFERENCES

1. Kyrstexxa [package insert]. Savient Pharmaceuticals: East Brunswick, NJ; September 2010.

## RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

## REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
<i>Annual review</i>	<i>02/17, 02/18</i>

