Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	June 9, 2021 October 14, 2022

Krystexxa ® (pegloticase)

LENGTH OF AUTHORIZATION: Up to one year

REVIEW CRITERIA:

- Patient must be ≥ 18 years of age.
- Patient must have a diagnosis of chronic gout refractory to conventional therapy documented by one of the following:
  - History of at least 2 gout flares in the previous 12 months
  - At least 1 gouty tophus
  - Chronic gouty arthropathy
- Documented trial and failure or contraindication to allopurinol at the maximum medically appropriate dose for at least 3 months.
- Patient must discontinue oral urate-lowering medications prior to starting Krystexxa

CONTINUATION OF THERAPY:

- Patient met initial therapy
- Patient has experienced a positive clinical response to Krystexxa (e.g., serum uric acid levels < 6 mg/dL, tophus reduction, etc.).

DOSING AND ADMINISTRATION:

- Refer to product labeling at https://www.accessdata.fda.gov/scripts/cder/daf/
- Available as an 8mg/ml single dose vial for injection.