



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Krystexxa™ (pegloticase)

Review Criteria

Member must meet all the following criteria:

- This medication is **intravenous (IV)-administered**.
- Member must be 18 years old
- Must be prescribed by a rheumatologist (or has a documented consult on file)
- Member must have symptomatic gout with one or more of the following:
 - Three or more flares in the past 18 months
 - Presence of one or more tophi
 - Chronic gouty arthritis
- Baseline serum uric acid level greater than 8mg/dL
- Member has a documented contraindication, intolerance to or failure after at least a 90-day course of allopurinol AND febuxostat (Uloric)
- Initial prior authorization for 3 months
- For reauthorization, progress notes describing positive response to treatment and lack of serious side effects are required
 - Reauthorization will not be granted if member has more than 2 serum uric acid levels over 6mg/dL after initiation

Limitations:

- Maximum allowed dose will be 8mg every 14 days