Krystexxa Guideline

May be approved when all the following criteria are met:

- Treatment is for diagnosis of chronic gout refractory to conventional therapy
- Age is 18 years or older
- Member experienced one of the following in the previous 12 months:
  - Two gout flares inadequately controlled by colchicine or Non-Steroidal Anti-inflammatory Drugs (NSAIDs)
  - One gout tophus or gouty arthritis
- Member has been screened and does not have Glucose-6-phosphate dehydrogenase (G6PD) Deficiency
- Attestation of provider monitoring during and after infusion for possible anaphylaxis, and infusion related reactions
- Documented 3-month trial and failure, or intolerance with the following at maximum medically appropriate doses, or member has contraindication to the agents:
  - Allopurinol or febuxostat
  - Probenecid (alone or in combination with allopurinol or febuxostat)
- Medication will not be used concomitantly with oral urate-lowering therapies

Note: Krystexxa is not covered for treatment of asymptomatic hyperuricemia

Duration of Approval if Requirements Are Met:

Initial Approval:
12 months

Renewal Approval:
12 months

Requires:
Member had 2 consecutive uric acid levels that were not above 6 mg/dL since starting treatment

Dosing:
8mg given as IV infusion every two weeks

1 Krystexxa References


