



**KRYSTEXXA
(pegloticase)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age and older

Diagnosis

Patient must have the following:

Chronic gout (hyperuricemia)

AND ALL of the following:

1. Symptomatic
2. Inadequate treatment response, intolerance, or contraindication to
ONE of the following:
 - a. Allopurinol (Zyloprim)
 - b. Probenecid
3. Prescriber agrees to monitor serum uric acid levels prior to subsequent infusions and consider discontinuing treatment if levels rebound and increase to above 6 mg/dL
4. **NO** glucose-6-phosphate dehydrogenase (G6PD) deficiency

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age and older

Diagnosis

Patient must have the following:

Chronic gout (hyperuricemia)

AND ALL of the following:

1. Symptomatic



**BlueCross.
BlueShield.**

Federal Employee Program.

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2. Documented improvement in serum uric acid level
3. **NO** glucose-6-phosphate dehydrogenase (G6PD) deficiency

Prior – Approval *Renewal* Limits

Same as above