

**SOUTH DAKOTA MEDICAID
PRIOR AUTHORIZATION CRITERIA**

Physician Administered Drugs, Vaccines, and Immunizations

Pegloticase (Krystexxa) – PA Criteria

HCPC: J2507

Pegloticase (Krystexxa) is a pegylated recombinant form of the urate-oxidase enzyme which converts uric acid to an inactive, water soluble metabolite of uric acid. It is covered by South Dakota Medicaid following prior authorization when the patient meets the following criteria:

- **Initial Therapy (must meet all):**
 - Individual has a diagnosis of chronic gout based on **one** of the following:
 - Three or more gout flares within the previous 18 months
 - One or more tophus present
 - History of chronic gouty arthropathy, defined clinically or radiographically as joint damage due to gout
 - Individual has a failure, contraindication or intolerance to **both** allopurinol and febuxostat
 - Individual has a failure, contraindication or intolerance to **one** of the following uricosuric agents:
 - Probenecid
 - Lesinurad
 - Failure of previous trials must be documented by **both** of the following:
 - Serum uric acid level >6mg/dl after at least a 90 day drug trial
 - At least 2 gout flares within the past 12 months or at least one tophus deposit (with at least one of the flares occurring after the 90 day drug trial of allopurinol and/or febuxostat)
 - Therapy is not prescribed concurrently with other urate lowering therapies
 - Individual is ≥18 years of age
 - Approval duration: 6 months
- **Continuation of Therapy (must meet all):**
 - Individual has shown clinically significant improvement in signs and symptoms of the disease as indicated by a reduction in serum uric acid level and **one** of the following:
 - Reduction in number of gout flares
 - Tophus resolution
 - Reduction in joint pain
 - Approval duration: 1 year