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8.	Dosage allowed/Quantity li	-		ven as an intravenous info	usion every 2
	weeks, co-administered with	weekly methotre	exate 15 mg.		
	QL: 2 vials per 28 days				
If a	all the above requirements a	re met, the me	dication will be	approved for 6 months.	

## For **reauthorization**:

- 1. Member's serum uric acid (sUA) level has maintained below 6 mg/dL; AND
- 2. Chart notes demonstrate a positive clinical outcome from using medication (e.g., reduction of flares, reduction of tophi).

If all the above requirements are met, the medication will be approved for an additional 12 months.



CareSource considers Krystexxa (pegloticase) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
04/06/2021	New policy for Krystexxa (pegloticase) created.
07/28/2022	Transferred to new template. Updated and added references. Removed nephrology, podiatry specialists. Corrected sUC to sUA. Added QL. Added must be given with methotrexate (new labeling). Added not to be used with other urate lowering drugs. Added example dosing to first line allopurinol.

## References:

- 1. Krystexxa [package insert]. Dublin, Ireland; Horizon Therapeutics Ireland DAC; 2022.
- 2. FitzGerald JD, Dalbeth N, Mikuls T, et al. 2020 American College of Rheumatology Guideline for the Management of Gout [published correction appears in Arthritis Care Res (Hoboken). 2020 Aug;72(8):1187] [published Elbrite in Tarth Arthritis Gare Res (Hoboken). 2021 Mar;73(3):458].

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