



Subject: Pegloticase (Krystexxa®)

Effective Date: June 20, 2017

Department(s): Utilization Management

Policy: Pegloticase (Krystexxa®) (**HCPCS J2507**), a pegylated recombinant form of urate-oxidase enzyme, is reimbursable under Plans administered by QualCare, Inc. under the circumstances enumerated in this Policy.

Objective: To assure proper and consistent reimbursement and to delineate criteria for coverage of a specific therapeutic agent.

Procedure: Pegloticase is reimbursable for use in treating adults with chronic gout (**ICD-10 M10.0-M10.071**), when the criteria in 1 **and** 2 below are met:

1. At least **one** of the following is documented in the clinical history:
 - a. At least three gout flares in the previous 18 months
 - b. At least one gouty tophus
 - c. Chronic gouty arthritis
- AND**
2. **Either** of the following:
 - a. Failure to normalize serum uric acid level to < 6 mg/dl after use of the maximum medically appropriate dose of ONE xanthine oxidase inhibitor [maximum recommended dosage- allopurinol (Zyloprim) is 800 mg/day; febuxostat (Uporic) is 80 mg/day] followed by combination with ONE uricosuric agent (e.g. probenecid).
 - b. Contraindication to xanthine oxidase inhibitors and/or probenecid).

NOTE- Pegloticase is not reimbursable for any other indication, including chronic kidney disease as it is considered experimental, investigational or unproven.

NOTE- FDA recommended dosing of Krystexxa ® in adults is 8mg (uricase protein) by intravenous infusion every two weeks. The optimal treatment duration with Krystexxa® has not been determined.

References

Crealta Pharmaceuticals, LLC. Krystexxa (pegloticase) intravenous infusion [product information]. Glendale WI: Crealta Pharmaceuticals.

Yood R, Ottery F, Irish W, et al. Effect of pegloticase on renal function in patients with chronic kidney disease: a post hoc subgroup analysis of 2 randomized, placebo-controlled, phase 3 clinical trials. BMC Research Notes 2014, 7:54.

Kydd AS, Seth R1, Buchbinder R, Falzon L, Edwards CJ, van der Heijde DM, Bombardier C. Urate-lowering therapy for the management of gout: a summary of 2 Cochrane reviews. J Rheumatol Suppl. 2014;92:33-41(Sep)

Sriranganathan MK1, Vinik O, Bombardier C, Edwards CJ. Interventions for tophi in gout. Cochrane Database Syst Rev. 2014 Oct 20;(10):CD010069. doi: 10.1002/14651858.CD010069.pub2.

Baraf HS, Becker MA, Gutierrez-Urena SR, Treadwell EL, et al. Tophus burden reduction with pegloticase: results from phase 3 randomized trials and open-label extension in patients with chronic gout refractory to conventional therapy. Arthritis Res Ther. 2013;15(5):R137(Sep)

Khanna, D. et.al. 2012 American College of Rheumatology Guidelines for Management of Gout. Part 1: Systematic Nonpharmacologic and Pharmacologic Therapeutic Approaches to Hyperuricemia. Arthritis Care & Research 2012;64:10:1431–1446(Oct)

Ea HK, Richette P. Critical appraisal of the role of pegloticase in the management of gout. Open Access Rheumatol. 2012;4:63-70(Jun)

Sundy JS, Baraf HS, Yood RA, Edwards NL et al. Efficacy and tolerability of pegloticase for the treatment of chronic gout in patients refractory to conventional treatment: two randomized controlled trials. JAMA. 2011 ;306(7):711-20(Aug)

Sherman MR, Saifer MG, Perez-Ruiz F. PEG-uricase in the management of treatment-resistant gout and hyperuricemia. Adv Drug Deliv Rev. Jan 3 2008;60(1):59-68.

Sundy JS, Ganson NJ, Kelly SJ, et al. Pharmacokinetics and pharmacodynamics of intravenous PEGylated recombinant mammalian urate oxidase in patients with refractory gout. Arthritis Rheum. Mar 2007;56(3):1021-1028.

Drafted By/Date: MMcNeil, MD 05/16/17

Approved By/Date: QM Committee 6/20/17

*Consistent with Summary Plan Description (SPD). If there is discordance with the SPD, provisions of the SPD take precedence.