

[Alternate site of care's name]
Attn: [ASOC contact name]
[ASOC address:
Street name
City, State, Zip code]
Re: [Patient's name]
Policy No.: [XXXXXXXX]

Dear [Infusion center]:

I am writing to recommend KRYSTEXXA® (pegloticase) injection, 8 mg/mL, for intravenous infusion for [Patient's name].

KRYSTEXXA is a PEGylated uric acid-specific enzyme indicated for the treatment of chronic gout in adult patients who have failed to normalize serum uric acid (sUA) level and whose signs and symptoms are inadequately controlled with xanthine oxidase inhibitors (XOIs) at the maximum medically appropriate dose or for whom these drugs are contraindicated. KRYSTEXXA is not recommended for the treatment of asymptomatic hyperuricemia.

In my clinical opinion, KRYSTEXXA is medically necessary and appropriate to treat [Patient's name] at this point in [his or her] course of care.

[Patient's name], [age], has had gout for [number of months or years] and has been on the maximum medically appropriate dose of [xanthine oxidase inhibitor drug name] for [number of months or years]. However, [his or her] sUA level is still at [sUA level], and [he or she] is still experiencing [number of flares] flares per year or has visible tophi.

- Lab results: G6PD can be found on page X
- Dates and duration of treatment with XOIs (allopurinol or febuxostat)
- If applicable, dates and duration of treatment with uricosurics (probenecid, lesinurad) can be found on page X
- Lab results: sUA levels throughout previous treatments can be found on page X
- Tender and swollen joint counts can be found on page X
- Number of flares in the last 18 months can be found on page X
- Number of visible tophi, specific location, size, severity, and imaging can be found on page X
- Any additional notes on severity of signs and symptoms, such as hospital admissions or days missed from work, can be found on page X
- Chart notes indicating allergy to urate-lowering therapy can be found on page X
- Primary diagnosis code for renal impairment and secondary diagnosis code for gout due to renal impairment can be found on page X

Based on all these factors, I believe that [Patient's name] is not responding to [his or her] current treatment(s) and that KRYSTEXXA may help relieve [his or her] signs and symptoms of gout.

I am enclosing documentation supporting the medical necessity of KRYSTEXXA for this patient. Please contact me at [office contact information] if you require additional information or would like to discuss the case in greater detail.

Thank you.

[Signature]

[Physician's name]
[Phone No.]
[Street name]
[City, State, Zip code]

Enclosures