



**Aetna Better Health of Texas
PROVIDER NOTIFICATION**

Dear Valued Provider,

In a periodic review of our Prior Authorization code listing, please review for the following changes that **will require prior authorization code listed**. The change applies to CHIP, STAR and STAR Kids. Codes remain non covered for CHIP Perinate. As always, do not hesitate to contact your Aetna Better Health of Texas Provider Relations Representative with any questions or comments.

Please refer to the provider pre-authorization tool for the most up to date listing of codes requiring a prior authorization

<https://www.aetnabetterhealth.com/texas/providers/prior-authorization.html>

Please note: This new process may result in a change in how your practice is reimbursed for these services. We urge you to thoroughly review the information in this document and in the attached policy.

CHIP

Bexar area

1-866-818-0959 (TTY: 711)

Tarrant area

1-800-245-5380 (TTY: 711)

STAR (Medicaid)

Bexar area

1-800-248-7767 (TTY: 711)

Tarrant area

1-800-306-8612 (TTY: 711)

STAR Kids

Dallas and Tarrant areas

1-844-787-5437 (TTY: 711)

Thank you for your valued partnership in caring for our Aetna Better Health Members.

Sincerely,

Provider Services and Chief Medical Officer

Aetna Better Health of Texas

Code List

Code	Code Description
J2507	Injection, pegloticase, 1 mg

Krystexxa® (pegloticase) is a PEGylated uric acid specific enzyme indicated for the treatment of chronic gout in adult patient’s refractory to conventional therapy. Gout refractory to conventional therapy occurs in patients who have failed to normalize serum uric acid and whose signs and symptoms are inadequately controlled with xanthine oxidase inhibitors at the maximum medically appropriate dose or for whom these drugs are contraindicated. Important Limitations of Use: Krystexxa® is not recommended for the treatment of asymptomatic hyperuricemia (Given intravenously).

Screening:

12/2024

Texas Medicaid Provider Procedures Manual Nov 2024 Outpatient Drug Services Handbook.

5.1.4 (pg 18)

Providers are responsible for administering drugs based on the U.S. Food and Drug Administration (FDA)-approved guidelines.

In the absence of FDA indications, a drug needs to meet the following criteria:

The drug is recognized by the American Medical Association Drug Evaluations (AMA-DE), American Hospital Formulary Service Drug Information, the U.S. Pharmacopoeia Dispensing Information, Volume I, or two articles from major peer-reviewed journals that have validated and uncontested data supporting the proposed use for the specific medical condition as safe and effective.

It is medically necessary to treat the specific medical condition, including life-threatening conditions or chronic and seriously debilitating conditions.

The off-label use of the drug is not investigational or experimental.

INDICATIONS AND USAGE----- KRYSTEXXA® (pegloticase) is a PEGylated uric acid specific enzyme indicated for the treatment of chronic gout in adult patients refractory to conventional therapy. (1) Important

Limitations of Use: KRYSTEXXA is not recommended for the treatment of asymptomatic hyperuricemia.

Some injectable medications require prior authorization, which is a condition for reimbursement; it is not a guarantee of payment. To avoid unnecessary denials, the physician must provide correct and complete information, including documentation for medical necessity for the service requested.

Procedure code J2507. Code will change from PA No to PA Yes as recommended by Aetna's new code committee.

Effective date for the change is 2/26/2025 for CHIP, STAR, and STAR Kids. Code remains non cov for CHIP Perinate.