Uloric (febuxostat)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Uloric (febuxostat)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Uloric (febuxostat) may be approved if the following criteria are met:

I. Individual has had a previous trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to generic allopurinol; **OR**

II. Individual has a contraindication to use of allopurinol.

Requests for **brand** Uloric must also meet the following criteria, in addition to the above Prior Authorization criteria:

I. Individual has failed an adequate trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of one chemically equivalent generic febuxostat agent;

AND

A. Generic febuxostat had inadequate response; **OR**
B. Generic febuxostat caused adverse outcome; **OR**
C. The individual has a genuine allergic reaction to an inactive ingredient in generic agent. Allergic reaction(s) must be clearly documented in the individual's medical record.

Key References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: April 12, 2022.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. FitzGerald JD, Dalbeth N, Mikuls T, et al. 2020 American College of Rheumatology Guideline for the Management of Gout. *Arthritis Rheumatol.* 2020;72(6):879-895. Available at: https://onlinelibrary.wiley.com/doi/epdf/10.1002/art.41247.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2022; Updated periodically.