I. Medication Description

Uloric (febuxostat) is a potent non-purine selective inhibitor of xanthine oxidase that inhibits formation of uric acid from xanthine and hypoxanthine. The drug produces a dose-dependent reduction in serum uric acid levels. As a non-purine based compound, it may avoid some of the hypersensitivity responses associated with allopurinol, and as a more selective xanthine oxidase inhibitor, it is less likely to inhibit other enzymes involved in purine and pyrimidine synthesis and metabolism.

II. Position Statement

Coverage for Uloric is provided immediately for members with an active paid claim (within the previous 180 days) in their prescription drug history for allopurinol.

Coverage is determined through a prior authorization process with supporting clinical documentation for all other requests.

III. Policy

Coverage for Uloric® is provided when the following criteria are met:

- There is a documented diagnosis of gout with chronic hyperuricemia AND
- The prescriber indicates that the member has tried the plan-preferred medication (generic allopurinol) OR the following criteria are met:
  - When requesting coverage of a brand medication for which an A/B rated generic is available, there is sufficient evidence that the use of the A/B rated generic equivalent has resulted in inadequate results AND
  - At least one of the following is met:
    - The plan-preferred medications are contraindicated or will likely cause an adverse reaction by or physical or mental harm to the member.
    - The plan-preferred medications are expected to be ineffective based on the known clinical history and conditions of the member and the member’s prescription drug regimen.
    - The member has tried the plan-preferred medications or another prescription drug in the same pharmacologic class or with the same mechanism of action and such prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event.
    - The member is stable on the medication selected by their healthcare professional for the medical condition under consideration (where “stable” is defined as receiving the medication for an adequate period of time, have achieved optimal response, and continued favorable outcomes are expected UNLESS the medication was initially selected due to the availability of a drug sample or a coupon card).
The plan-preferred medication is not in the best interest of the member because it will likely cause a significant barrier to the member’s adherence or to compliance with the member’s plan of care, will likely worsen a comorbid condition of the member, or will likely decrease the member’s ability to achieve or maintain reasonable functional ability in performing daily activities.

IV. Quantity Limitations

40mg and 80mg tablets are covered at up to 30 tablets per month

V. Coverage Duration

Coverage will be granted indefinitely through the life of this policy once the initial criteria are met.

VI. Coverage Renewal Criteria

n/a

VII. Billing/Coding Information

Uloric is available as 40mg and 80mg tablets.

VIII. Summary of Policy Changes

• 9/1/11: Indefinite approval granted if coverage criteria are met
• 9/15/12: Removal of exemption from using allopurinol in presence of CrCl below 50ml/min due to dosing adjustments that are available.
• 9/15/13: clarification of immediate coverage for members with an active claim for allopurinol within 180 days
• 9/15/14: addition of quantity limits to plans to allow for FDA-approved dosing
• 7/1/15: formulary distinctions made
• 3/15/16: no policy changes
• 1/1/17: no policy changes
• 5/1/17: step therapy criteria added
• 1/1/18: no policy changes

IX. References


The Plan fully expects that only appropriate and medically necessary services will be rendered. The Plan reserves the right to conduct pre-payment and post-payment reviews to assess the medical appropriateness of the above-referenced therapies.

The preceding policy applies only to members for whom the above named pharmacy benefit medications are included on their covered formulary. Members with closed formulary benefits are subject to trying all appropriate formulary alternatives before a coverage exception for a non-formulary medication will be considered.

The preceding policy is a guideline to allow for coverage of the pertinent medication/product, and is not meant to serve as a clinical practice guideline.