

Clinical Pharmacy Program Guidelines for Uloric

Program	Step Therapy - Uloric
Medication	Uloric (febuxostat)
Markets in Scope	Arizona, Hawaii, Nevada, Maryland, New Jersey, New York, New York EPP, Pennsylvania- CHIP, Rhode Island, California, South Carolina
Issue Date	9/2012
Pharmacy and Therapeutics Approval Date	7/2020
Effective Date	9/2020

1. Background:

Uloric (febuxostat) is a xanthine oxidase (XO) inhibitor indicated for the chronic management of hyperuricemia in patients with gout who have an inadequate response to a maximally titrated dose of allopurinol, who are intolerant to allopurinol, or for whom treatment with allopurinol is not advisable. Uloric is not recommended for the treatment of asymptomatic hyperuricemia.

Step Therapy programs are utilized to encourage the use of lower cost alternatives for certain therapeutic classes. This program requires a member to try allopurinol before providing coverage for Uloric.

2. Coverage Criteria:

<p>A. febuxostat (generic Uloric) will be approved based on the following criterion:</p> <ol style="list-style-type: none"> 1. History of failure, contraindication or intolerance to the following: <ol style="list-style-type: none"> a. allopurinol (generic Zyloprim) <p style="text-align: center;">Authorization will be issued for 12 months.</p>

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

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4. References:

1. Uloric [package insert]. Deerfield, IL: Takeda Pharmaceuticals America, Inc.; February 2019.

Program	Step Therapy – Uloric
Change Control	
Date	Change
9/2012	New program
7/2016	Updated policy template. Updated clinical criteria to align with Employer and Individual.
7/2017	Annual review. No changes.
7/2018	Annual review. Updated background and reference.
7/2019	Annual review. Updated background and reference.
7/2020	Annual review. Clarified that criteria applies to the generic. Updated background and reference.