

UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2017 P 1184-3
Program	Prior Authorization/Notification - Gout
Medication	Zurampic® (lesinurad), Duzallo (lesinurad/allopurinol)
P&T Approval Date	5/2016, 5/2017, 12/2017
Effective Date	3/1/2018; Oxford Only: 3/1/2018

**1. Background:**

Zurampic (lesinurad) is a URAT<sub>1</sub> inhibitor indicated in combination with a xanthine oxidase inhibitor [e.g. allopurinol (generic Zyloprim)] for the treatment of hyperuricemia associated with gout in patients who have not achieved target serum uric acid levels with a xanthine oxidase inhibitor alone. Zurampic is not recommended for the treatment of asymptomatic hyperuricemia and should not be used as monotherapy.

Duzallo (lesinurad/allopurinol) is a combination URAT<sub>1</sub> inhibitor (lesinurad) and xanthine oxidase (allopurinol) indicated for the treatment of hyperuricemia associated with gout in patients who have not achieved target serum uric acid levels with a medically appropriate daily dose of allopurinol alone.

**2. Coverage Criteria:**

**A. Initial Authorization**

1. **Zurampic** will be approved based on **all** of the following criteria:

a. Diagnosis of hyperuricemia associated with gout

**-AND-**

b. Used in combination with a xanthine oxidase inhibitor [e.g. allopurinol (generic Zyloprim), Uloric\*]

**-AND-**

c. Patient has not achieved target serum uric acid levels with xanthine oxidase inhibitor monotherapy

**-AND-**

d. Not used for the treatment of asymptomatic hyperuricemia

2. **Duzallo** will be approved based on all of the following criteria:

a. Diagnosis of hyperuricemia associated with gout

-AND-

- b. Patient has not achieved a target serum uric acid level with allopurinol monotherapy

-AND-

- c. Not used for the treatment of asymptomatic hyperuricemia

**Authorization will be issued for 12 months**

## **B. Reauthorization**

1. **Zurampic** will be approved based on both of the following criteria:

- a. Documentation of positive clinical response to therapy

-AND-

- b. Used in combination with a xanthine oxidase inhibitor [e.g. allopurinol (generic Zyloprim), Uloric\*]

2. **Duzallo** will be approved based on all of the following criterion:

- a. Documentation of positive clinical response to therapy

**Authorization will be issued for 12 months**

\*Step therapy may apply

## **3. Additional Clinical Rules:**

- Supply limits may be in place

## **4. References:**

1. Zurampic (prescribing information). AstraZeneca Pharmaceuticals LP. Wilmington, DE. February 2016.
2. Duzallo (prescribing information). AstraZeneca Pharmaceuticals LP. Wilmington, DE. November 2017.

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<b>Change Control</b>	
Date	Change
5/2016	New program.
5/2017	Annual review. No changes.
12/2017	Added Duzallo criteria. Changed criteria name to Gout