



UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2020 P 3063-8
Program	Step Therapy
Medication	Uloric (febuxostat)*
P&T Approval Date	8/2015, 7/2016, 7/2017, 7/2018, 7/2019, 7/2020
Effective Date	10/1/2020; Oxford only: 10/1/2020

**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<sup>a</sup>:**

**A. Uloric\*** will be approved based on the following criterion:

1. History of failure, contraindication or intolerance to **both of** the following:
  - a. allopurinol (generic Zyloprim)
  - b. febuxostat (generic Uloric)

**Authorization will be issued for 12 months.**

**B. febuxostat (generic Uloric)** will be approved based on the following criterion:

1. History of failure, contraindication or intolerance to allopurinol (generic Zyloprim)

**Authorization will be issued for 12 months.**

<sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

- **Multi-source brand Uloric is typically excluded from coverage.**

**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 apply

**4. References:**

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

Program	Step Therapy – Uloric
<b>Change Control</b>	
Date	Change
8/2015	New program
7/2016	Annual Review. Updated authorization and references. Added Maryland continuation of care. Added Indiana and West Virginia coverage information.
11/2016	Administrative change. Added California coverage information.
7/2017	Annual Review. State mandate reference language updated.
7/2018	Annual review. References updated.
12/2018	Administrative change to add statement regarding use of automated processes.
7/2019	Annual review. Added an authorization look back for current users and updated background section and references.
7/2020	Annual review. Added addition step criteria for brand Uloric and removed look back since excluded product. Added step for febuxostat (generic Uloric).