PRIOR AUTHORIZATION CRITERIA

BRAND NAME
(generic)

ULORIC
(febuxostat)

Status: CVS Caremark® Criteria
Type: Initial Prior Authorization with Logic

POLICY

FDA-APPROVED INDICATIONS
Uloric is a xanthine oxidase (XO) inhibitor indicated for the chronic management of hyperuricemia in adult 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.

For the safe and effective use of allopurinol, see allopurinol prescribing information.

Limitations of Use
Uloric is not recommended for the treatment of asymptomatic hyperuricemia.

SCREEN OUT LOGIC*
**Include Rx and OTC products unless otherwise stated.*
If the patient has filled a prescription for at least a 30 day supply of allopurinol within the past 180 days under a prescription benefit administered by CVS Caremark, then the requested drug will be paid under that prescription benefit. If the patient does not meet the initial screen out logic criteria, then the claim will reject with a message indicating that a prior authorization (PA) is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

COVERAGE CRITERIA
The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for the chronic management of hyperuricemia in an adult patient with gout
  AND
  - The request is NOT for continuation of therapy
    AND
    - The patient has experienced an inadequate treatment response to a maximally titrated dose of allopurinol

    OR
    - The patient has experienced an intolerance to allopurinol

    OR
    - Treatment with allopurinol is contraindicated or inadvisable for the patient

  OR
  - The request is for continuation of therapy
    AND
    - The patient has achieved or maintained a positive clinical response since beginning treatment with the requested drug

Duration of Approval (DOA):
- 540-D: DOA: 36 months

REFERENCES

1. Uloric [package insert]. Lexington, Massachusetts: Takeda Pharmaceuticals America, Inc.; August 2020.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. https://online.lexi.com. Accessed November 08, 2023.
3. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 11/08/2023).
4. 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.