I. Medication Description

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 or febuxostat 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 or febuxostat is provided when the following criteria are met:

- Member is 18 years of age or older AND
- There is a documented diagnosis of gout with symptomatic chronic hyperuricemia AND
- Member has had an inadequate response to a maximally titrated dose of allopurinol, has been intolerant to allopurinol, or treatment with allopurinol is not advisable.

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
- 1/15/19: no policy changes
- 8/5/19: added generic febuxostat to policy
- 1/30/20: criteria updated to reflect new FDA label changes regarding allopurinol use; STEP language removed

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.