Premier Health Plan

POLICY AND PROCEDURE

POLICY TITLE: ***Uloric (febuxostat)***
DEPARTMENT: **Clinical Pharmacy Services- Utilization Management**
ORIGINAL DATE: ***March 2009 (as adopted from UPMC Health Plan)***

Last P & T Committee Approval Date: *February 2018*

Product Applicability: *mark all applicable products below:*

COMMERCIAL	[ ] HMO [ ] PPO *Products*: [ ] Small [ ] Indiv. [ ] Large *Exchange*: [ ] Shop [ ] Indiv. [x] All
OTHER	[x] Self-funded/ASO

PURPOSE

The purpose of this policy is to define the prior authorization process for Uloric (febuxostat).

Uloric (febuxostat) is a Xanthine Oxidase Inhibitor indicated for the chronic management of hyperuricemia in patients with gout.

DEFINITIONS

N/A

POLICY

It is the policy of the Health Plan to maintain a prior authorization process that promotes appropriate utilization of specific drugs with potential for misuse or limited indications. This process involves a review using Food and Drug Administration (FDA) criteria to make a determination of Medical Necessity, and approval by the Pharmacy & Therapeutics Committee of the criteria for prior authorization, as described in RX.002 Pharmacy and Therapeutics Committee and RX.003-Prior Authorization Process.

The drug, Uloric (febuxostat), is subject to the prior authorization process.

PROCEDURE

Initial Authorization Criteria:

Must meet all of the criteria listed below:

- The criterion for automatic coverage of Uloric (febuxostat is as follows:
  - Must have a documented pharmacy claim history of allopurinol within the last 130 days

- For members without a documented claim history of allopurinol, a medical necessity review is completed, and the following criteria must be met:
  - Must have chart documentation which shows the member has tried and failed or has a contraindication or intolerance to allopurinol for the treatment of hyperuricemia of gout
    OR
  - Must have renal insufficiency or chronic kidney disease

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to duration of member's membership with plan
Reauthorization	N/A

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES

1. Uloric [package insert]. Takeda Pharmaceuticals. Deerfield IL, February 2009.
2. Becker M, Schumacher R, Wortmann R, et al. Febuxostat compared with allopurinol in patients with hyperuricemia and gout. *New England Journal of Medicine.* 2005;353:2450-61.
3. Schumacher R, Becker M, Wortmann R, et al. Effects of febuxostat versus allopurinol and placebo in reducing serum urate in subjects with hyperuricemia and gout: a 28-week, phase III, randomized, double-blind, parallel-group trial. *Arthritis and Rheumatism.* 2008;59:1540-48.

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
Annual review	*02/2017, 02/2018*