

Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Febuxostat (Uloric)

Notes:

- Quantity limits: Yes

Initiation (new start) criteria and for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-

formulary **febuxostat (Uloric)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has a diagnosis of gout
- Patient is intolerant to allopurinol or failed treatment with allopurinol (defined as at least 1 month on a daily dose of 800 mg with uric acid above goal) **-OR-** patient is not a candidate for allopurinol due to documented positive for HLA-B*5801