

Clinical Pharmacy Program Guidelines for Uloric

Program	Step Therapy - Uloric
Medication	Uloric (febuxostat)
Issue Date	9/2012
Pharmacy and Therapeutics Approval Date	7/2017
Effective Date	9/2017

1. Background:

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:

<p>A.</p>	<p>Uloric will be approved based on the following criterion:</p> <ol style="list-style-type: none"> 1. History of failure, contraindication or intolerance to the following: <ol style="list-style-type: none"> a. allopurinol (generic Zyloprim) <p>Authorization will be issued for 12 months.</p>
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3. References:

1. Uloric Prescribing Information. Takeda Pharmaceuticals America, Inc., Deerfield, IL. March 2013.

Program	Step Therapy – Uloric
Change Control	
Date	Change
9/2012	New program
7/2016	Updated policy template. Updated clinical criteria to align with Employer and Individual.
7/2017	Annual review. No changes.