UnitedHealthcare Individual & Family ACA Marketplace Plans
Clinical Pharmacy Program Guidelines for Antigout Agents

Program	Step Therapy
Medication	Febuxostat (generic Uloric)
Issue Date	9/2020
Pharmacy and Therapeutics Approval Date	7/2022
Effective Date	9/2022

1. Background:

Febuxostat (generic Uloric) is an antigout agent indicated for the chronic management of hyperuricemia in 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.

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[a]:

A. **Febuxostat** will be approved based on the following criterion:

1. History of failure, contraindication or intolerance to the following:

   a. allopurinol (generic Zyloprim)

Authorization will be issued for 12 months.

[a] State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may apply

4. References:

1. Uloric [package insert]. Deerfield, IL: Takeda Pharmaceuticals America, Inc.; April 2021.

Program	Step Therapy – Antigout Agents
Change Control	
Date	Change
8/2015	New program
7/2016	Annual Review. Updated authorization and references. Added Maryland continuation of care. Added Indiana and West Virginia coverage information.
11/2016	Administrative change. Added California coverage information.
7/2017	Annual Review. State mandate reference language updated.
7/2018	Annual review. References updated.
12/2018	Administrative change to add statement regarding use of automated processes.
7/2019	Annual review. Added an authorization look back for current users and updated background section and references.
10/2020	Renamed policy to Antigout Agents, revised background, and removed brand Uloric as a target drug.
7/2021	Annual review. Updated references.
9/2021	Reviewed for 2022 implementation. Removed markets in scope, removed step therapy detailed definition, updated brand/generic language to align with guidance for 2022.
7/2022	Annual review, updated reference.