

# MEDICATION COVERAGE POLICY

## PHARMACY AND THERAPEUTICS ADVISORY COMMITTEE

<b>POLICY:</b>	Gout	<b>P&amp;T DATE:</b>	2/9/2021
<b>THERAPEUTIC CLASS:</b>	Rheumatologic Disorders	<b>REVIEW HISTORY:</b>	2/20, 2/19, 2/18, 2/17,
<b>LOB AFFECTED:</b>	MCL	(MONTH/YEAR)	11/15, 5/11, 5/09

*This policy has been developed through review of medical literature, consideration of medical necessity, generally accepted medical practice standards, and approved by the HPSJ Pharmacy and Therapeutic Advisory Committee.*

## OVERVIEW

Gout is a disorder derived from an excess amount of uric acid in the body that typically presents as acute episodic arthritis but can manifest as chronic arthritis as well. Although there is advanced understanding of how to treat gout, there are still significant shortfalls in gout management due to shortfalls in patient education and adherence. The American College of Rheumatology has developed recommendations for the overall management and treatment of not only active gout flares, but also for prophylaxis of gouty attacks. This review will examine the management guidelines of gout, the currently available agents for gout management, and their coverage criteria (please note information regarding anti-inflammatory agents can be found in the non-opioid pain management policy).

**Table 1: Available Agents for the Management of Gout (Current as of 2/2019)**

Class	Drug	Available Strengths	Restrictions	Cost/RX	Notes
Anti-Gout Agent	Colchicine (Colcrys)	Tablet: 0.6mg	ST, QL, FL	\$100.85	Step therapy to allopurinol filled within the last 30 days. Limited to 61 tablets per 30 days, 6 fills per 365 days.
NSAIDS*	Celecoxib (Celebrex)	Capsule: 50mg, 100mg, 200mg, 400mg		\$11.03	
	Indomethacin (Indocin)	Capsule IR: 25mg, 50mg		\$5.68	Indomethacin Suspension is non-formulary.
		Capsule ER: 75mg		\$18.47	
		Suppository: 50mg		--	
	Suspension: 25mg/5mL	NF	--		
Sulindac (Clinoril)	Tablet: 150mg, 200mg		\$8.27		
NSAIDS*	Naproxen (Naprosyn)	Tablet IR: 250mg, 375mg, 500mg, 550mg		\$8.63	Naproxen Suspension is non-formulary.
		Tablet DR: 500mg		\$9.68	
		Suspension: 125mg/5mL	NF	\$214.78	
Oral Corticosteroids*	Dexamethasone (DexPak)	Tablet: 0.5mg, 0.75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg		\$6.02	
		Solution: 0.5mg/5mL		\$23.40	
	Prednisone (Deltasone)	Tablet: 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg		\$4.91	
		Solution: 5mg/5mL		\$35.75	
	Prednisolone (Millipred)	Tablet: 5mg		344.09	
	Solution/Syrup: 5mg/5mL, 15mg/5mL		\$13.18		
	Methylprednisolone (Medrol)	Tablet: 2mg, 4mg, 8mg, 16mg, 32mg		\$38.74	
Uricosuric Agent	Probenecid	Tablet: 500mg		\$43.82	

Uric Acid Transporter 1 Inhibitor	Lesinurad (Zurampic)	200mg	NF	--	Non-formulary.
Xanthine Oxidase Inhibitors	Allopurinol (Zyloprim)	100mg, 300mg		\$3.45	
	Febuxostat (Uloric)	40mg, 80 mg	PA	\$301.97	Reserved for patients allergic to allopurinol.
Urate-Oxidase (Recombinant) Enzyme	Pegloticase (Krystexxa)	8mg/mL	NF	--	Non-formulary.
Combinations	Colchicine/Probenecid	0.5mg/500mg		\$39.57	
UA Transporter inhibitor/XOI	Lesinurad/Allopurinol (Duzallo)	200mg/300mg, 200mg/200mg	NF	--	Non-formulary

NF = Non-Formulary, QL = Quantity Limit, PA = Prior Authorization required, ST = Step Therapy, FL = Fill Limit

\*Over-estimated as some of these agents are also used for the treatment of pain, asthma/COPD exacerbations, and other anti-inflammatory disease states

### **Clinical Justification:**

Urate lowering therapy (ULT) is a primary focus in the management of gout. Although both Allopurinol and Febuxostat are recommended as first line pharmacologic ULT, Febuxostat has not been shown to be more cost effective than Allopurinol. However, due to the possibility of a severe allergic reaction to Allopurinol in certain subsets of patients, Febuxostat is available for patients with positive HLA-B\*5801 alleles. In cases where monotherapy with a xanthine oxidase inhibitor is insufficient to reaching the serum urate target, the addition of a uricosuric agent is appropriate. During initiation of prophylaxis with ULT, colchicine may be used at 0.6mg twice daily dosing for up to 6 months while agents such as allopurinol are titrated to optimal doses.

In regard to treating or preventing acute gouty arthritis attacks, the recommended first line agent is colchicine, followed by NSAIDs or oral corticosteroids (monotherapy or as combination therapy). The dosing of colchicine during an acute gouty attack is a maximum of 1.8 mg over 1 hour, followed by 0.6 mg QD to BID until the attack has resolved.

Regarding newer agents approved for use in gout. As Zurampic (Lesinurad) must be administered with a first line xanthine oxidase inhibitor, overall is similar in mechanism to a uricosuric agent like probenecid, and has additional risks of acute renal failure, Zurampic will remain as non-formulary. Regarding Krystexxa (Pegloticase), as there are safety concerns for methemoglobinemia, risk of cardiovascular related death, and is indicated for use in patient's refractory to conventional therapy, Krystexxa will remain as non-formulary. Duzallo was approved by the FDA using the same clinical trials for Zurampic. As such, Duzallo will remain as non-formulary.

### **Triage:**

- **Appropriate diagnosis**
- **Anti-gout/uricosuric/xanthine oxidase inhibitor medications tried**
- **Clinical documentation/labs presenting gout history/significant allergic reactions**

## ✚ EVALUATION CRITERIA FOR APPROVAL/EXCEPTION CONSIDERATION

Below are the coverage criteria and required information for each agent. These coverage criteria have been reviewed approved by the HPSJ Pharmacy & Therapeutics (P&T) Advisory Committee. For conditions not covered under this Coverage Policy, HPSJ will make the determination based on Medical Necessity as described in HPSJ Medical Review Guidelines (UM06).

### Anti-Gout Agents

#### *Colchicine (Colcris)*

- Coverage Criteria:** Step therapy to allopurinol filled within the last 30 days.
- Limits:**
  - Quantity limit: 61 tablets per 30 days
  - Fill limit: 6 per 365 days
- Required Information for Approval:** N/A
- Notes:** To encourage chronic gout prevention, ensure that use of urate lowering therapy agents such as allopurinol are on board at optimal doses of up to 800mg per day. Alternatives: Allopurinol for prevention, Naproxen for inflammation, colchicine for gout flares.

### Uricosuric Agent

#### *Probenecid, Probenecid with Colchicine*

- Coverage Criteria:** None
- Limits:** None
- Required Information for Approval:** N/A
- Non-Formulary:** Lesinurad (Zurampic), Lesinurad/Allopurinol (Duzallo)

### Xanthine Oxidase Inhibitor

#### *Allopurinol (Zyloprim), Febuxostat (Uloric)*

- Coverage Criteria:**
  - Febuxostat: Reserved for patients who are allergic to allopurinol.
- Limits:** None
- Required Information for Approval:**
  - Febuxostat: Clinical documentation/labs supporting allergy to allopurinol.

## REFERENCES

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9. Saag, K. G., Fitz-Patrick, D., Kopicko, J., Fung, M., Bhakta, N., Adler, S., Storgard, C., Baumgartner, S. and Becker, M. A. (2017), Lesinurad Combined With Allopurinol: A Randomized, Double-Blind, Placebo-Controlled Study in Gout Patients With an Inadequate Response to Standard-of-Care Allopurinol (a US-Based Study). *Arthritis & Rheumatology*, 69: 203–212.
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11. Dalbeth N, Jones G, Terkeltaub R, et al. SAT0329 Lesinurad, A Novel Selective Uric Acid Reabsorption Inhibitor, in Combination with Febuxostat, in Patients with Tophaceous Gout: the Crystal Phase III Clinical Trial. *Annals of the Rheumatic Diseases* 2015;74:778.
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13. Colcrys [package insert]. Takeda Pharmaceuticals America, Inc., Deerfield, IL; December 2015.
14. FitzGerald, JD, et al. 2020 American College of Rheumatology Guidelines for Management of Gout. *Arthritis Care Res (Hoboken)*. 2020 June; 72(6): 744-760.

## REVIEW & EDIT HISTORY

Document Changes	Reference	Date	P&T Chairman
Creation of Policy	Uloric – Febuxostat v3 5-13-09.docx	5/2009	Allen Shek PharmD BCPS
Update to Policy	Formulary Realignment 5-11.xlsx	5/2011	Allen Shek PharmD BCPS
Update to Policy	HPSJ Coverage Policy – Rheumatologic Disorders – Gout 2015-11.docx	11/2015	Johnathan Yeh, PharmD
Update to Policy	HPSJ Coverage Policy – Rheumatologic Disorders – Gout 2017-02.docx	2/2017	Johnathan Yeh, PharmD
Update to Policy	HPSJ Coverage Policy – Rheumatologic Disorders – Gout 2018-02.docx	2/2018	Johnathan Yeh, PharmD
Update to Policy	HPSJ Coverage Policy – Rheumatologic Disorders – Gout 2019-02.docx	2/2019	Matthew Garrett, PharmD
Update to Policy	HPSJ Coverage Policy – Rheumatologic Disorders – Gout 2020-02.docx	2/2020	Matthew Garrett, PharmD
Update to Policy	HPSJ Coverage Policy – Rheumatologic Disorders – Gout 2021-02.docx	2/2021	Matthew Garrett, PharmD

Note: All changes are approved by the HPSJ P&T Committee before incorporation into the utilization policy.