

# STATE OF WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES



# Office of Pharmacy Service Prior Authorization Criteria

Zurampic<sup>®</sup> (lesinurad)

Effective 4/1/2017

## **Prior Authorization Request Form**

ZURAMPIC is a URAT1 inhibitor indicated in combination with a xanthine oxidase inhibitor for the treatment of hyperuricemia associated with gout in patients who have not achieved target serum uric acid levels with a xanthine oxidase inhibitor alone.

The use of Zurampic is <u>contraindicated</u> in the presence of severe renal impairment, end stage renal disease, tumor lysis syndrome, Lesch-Nyhan syndrome and in kidney transplant recipients, and patients on dialysis.

# **Criteria for Approval**

- 1) Patient must have a diagnosis of symptomatic chronic gout; AND
- 2) Inadequate response to xanthine oxidase inhibitor therapy, including ONE of the following at the maximum medically appropriate dosages:
  - a. allopurinol (Zyloprim)
  - b. febuxostat (Uloric)

#### AND

- Must be used in combination with xanthine oxidase inhibitor; AND
- 4) Patient must have an estimated creatinine clearance (eCrCl) greater than 45 mL/min

#### **Continuation Criteria**

- 1) Clinical documentation indicating an improvement in symptoms; AND
- Continued use of a xanthine oxidase inhibitor; AND
- 3) Estimated creatinine clearance (eCrCl) greater than 45 mL/min

### References

- 1.) Lexi-Comp drug monograph for Zurampic (Reviewed 2/27/2017)
- 2.) Zurampic package insert (1/2016)