Zurampic® (lesinurad)
Effective 11/26/18

Plan | ☒ MassHealth  
| ☒ Commercial/Exchange

Benefit | ☒ Pharmacy Benefit  
| ☐ Medical Benefit (NLX)

Program Type | ☒ Prior Authorization  
| ☒ Quantity Limit  
| ☐ Step Therapy

Specialty Limitations | This medication has been designated specialty and must be filled at a contracted specialty pharmacy.

### Contact Information

| Specialty Medications | All Plans | Phone: 866-814-5506 | Fax: 866-249-6155
|-----------------------|-----------|---------------------|---------------------|
| Non-Specialty Medications | MassHealth | Phone: 877-433-7643 | Fax: 866-255-7569
| Commercial | Phone: 800-294-5979 | Fax: 888-836-0730
| Exchange | Phone: 855-582-2022 | Fax: 855-245-2134
| Medical Specialty Medications (NLX) | All Plans | Phone: 844-345-2803 | Fax: 844-851-0882

Exceptions | N/A

### Overview
Zurampic® (lesinurad) 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.

### Coverage Guidelines
Authorization may be granted for members who are new to AllWays Health Partners and has been stabilized on Zurampic® for an approvable diagnosis excluding when the product is obtained as samples or via manufacturer’s patient assistance programs. Approvable diagnoses include:

1. Hyperuricemia associated with chronic gout refractory to conventional therapies
2. Tophaceous gout (chronic gout with the presence of tophi)

OR

Authorization may be granted for members with a diagnosis of chronic gout or tophaceous gout when ALL the following criteria are met, and documentation is provided:

1. Member has experienced an inadequate response or treatment failure with allopurinol at a dose of ≥600mg daily (<600mg daily if patient has renal dysfunction) OR a documented side-effect, allergy or contraindication to allopurinol.
2. Member has a documented therapy failure with febuxostat (Uloric®) at a dose of ≥80mg daily OR a documented side-effect, allergy or contraindication to febuxostat.
3. Member has experienced an inadequate response to a 6 month trial of pegloticase (Krystexxa®) OR a documented side-effect, allergy or contraindication to pegloticase.
4. Member will be prescribed Zurampic® in combination with a xanthine oxidase inhibitor.

### Continuation of Therapy
Reauthorization requires physician documentation of improvement in serum uric acid (sUA) levels.
Limitations

1. Authorizations will be approved for 6 months
2. The following quantity limits apply:
   
   | Zurampic 200mg tablets | 30 tablets per 30 days |

References

6. Krystexxa (pegloticase) [prescribing information]. Lake Forest, IL: Horizon Pharma USA; July 2018
8. Uloric (febuxostat) [prescribing information]. Deerfield, IL: Takeda Pharmaceuticals America; February 2018.

Review History

11/27/2017 – Reviewed
11/26/2018 – Reviewed in P&T Meeting
01/22/2020 – Reviewed P&T Mtg

Disclaimer

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.