

Zurampic® (lesinurad)
Effective 11/26/18

Plan	<input checked="" type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy. Zurampic® is a limited distribution specialty product.		
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.

Approvable Diagnosis

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

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.

OR

Authorization may be granted when the following criteria are met, and documentation is provided:

1. Patient has a diagnosis of chronic gout or tophaceous gout **AND**
2. Patient 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 **AND**
3. Patient has a documented therapy failure with febuxostat (Uloric®) at a dose of ≥80mg daily **OR** a documented side-effect, allergy or contraindication to febuxostat **AND**
4. Patient has experienced an inadequate response to a 6 month trial of pegloticase (Krystexxa®) or a documented side-effect, allergy or contraindication to pegloticase **AND**



5. Patient 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. Approvals will be granted for 6 months
2. The following quantity limits apply:

Zurampic	30 tablets in 30 days
----------	-----------------------

References

1. Zurampic (lesinurad) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; January 2018.
2. Khanna D, Fitzgerald JD, Khanna PP, et al; American College of Rheumatology. 2012 American College of Rheumatology guidelines for management of gout. Part 1: systematic nonpharmacologic and pharmacologic therapeutic approaches to hyperuricemia. *Arthritis Care Res (Hoboken)*. 2012;64(10):1431-1446.[PubMed 23024028]
3. Richette P, Doherty M, Pascual E, et al. 2016 updated EULAR evidence-based recommendations for the management of gout. *Ann Rheum Dis*. 2017;76(1):29-42.[PubMed 27457514]10.1136/annrheumdis-2016-209707
4. Bridges FM. Drug Summary: Zurampic® (lesinurad) tablets: Astra Zeneca Pharmaceuticals LP. CVS/Caremark. Last reviewed/updated: 4/19/16.
5. Wrezesinski M. CVS Caremark Pharmacy & Therapeutics Drug Monograph: Zurampic® (lesinurad) tablets: Astra Zeneca Pharmaceuticals LP. CVS/Caremark. Last reviewed/updated: 4/19/16.
6. Krystexxa (pegloticase) [prescribing information]. Lake Forest, IL: Horizon Pharma USA; July 2018
7. Allopurinol [prescribing information]. Morgantown, WV: Mylan Pharmaceuticals Inc; June 2015.
8. Uloric (febuxostat) [prescribing information]. Deerfield, IL: Takeda Pharmaceuticals America; February 2018.

Review History

11/27/17 – Reviewed

11/26/18 – Reviewed in P&T Meeting

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.