Antihyperuricemic Agents

Effective 06/21/2011
Revised 10/03/2019

Preferred Agents

• Allopurinol
• Mitigare®
• Probenecid
• Probenecid/Colchicine

Non-Preferred Agents

• Colchicine Caps/Tabs
• Colcrys®
• Febuxostat
• Uloric®
• Zyloprim®

Approval Criteria

• Failure to achieve desired therapeutic outcomes with a trial on 1 preferred agents
  o Documented trial period for preferred agents
  o Documented ADE/ADR to preferred agents
• Non-Preferred Colchicine products
  o Documented reason why Mitigare is not appropriate
• Uloric
  o Documented therapeutic trial of allopurinol defined as 60 days of therapy in the last 90 days

Denial Criteria

• Lack of adequate trial on required preferred agents
• Therapy will be denied if no approval criteria are met
• Drug Prior Authorization Hotline: (800) 392-8030