



Missouri Pharmacy Program – Preferred Drug List



Antihyperuricemic Agents

Effective 06/21/2011

Revised 10/04/2018

Preferred Agents

- Allopurinol
- Mitigare®
- Probenecid
- Probenecid/Colchicine

Non-Preferred Agents

- Colchicine Capsules
- Colchicine Tablets (generic Colcrys®)
- Colcrys®
- **Duzallo®**
- Uloric®
- Zurampic®
- Zyloprim®

Approval Criteria

- Failure to achieve desired therapeutic outcomes with a trial on 1 preferred agents
 - Documented trial period for preferred agents
 - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen

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