



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



Office of Pharmacy Service
Prior Authorization Criteria

Zurampic® (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 contraindicated 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**
- 3) 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**
- 2) 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)