

Uloric
Effective 06/01/2020

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input checked="" type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	N/A		
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

Prescriptions that meet the initial step therapy requirements will adjudicate automatically at the point of sale. If the prescription does not meet the initial step therapy requirements, the prescription will deny with a message indicating that prior authorization (PA) is required. Refer to the criteria below and submit a PA request for the members who do not meet the initial step therapy requirements at the point of sale.

Initial Step-Therapy Requirements:

First-Line: Medications listed on first-line are covered without prior-authorization.

Second-Line: Second-line medications will pay if the member has filled a first-line medication or a second-line medication within the past 180 days.

Coverage Guidelines

If a member does not meet the initial step therapy requirements, then approval of a second-line medication will be granted if the member has a documented inadequate response or side effect to the first-line medication.

FIRST-LINE	SECOND-LINE
Allopurinol	Uloric (febuxostat) tablets

Limitations

The following quantity limits apply:

febuxostat 40mg & 80mg	30 tablets per 30 days
------------------------	------------------------

References

1. Uloric (febuxostat) [prescribing information]. Deerfield, IL: Takeda Pharmaceuticals America; February 2018.

Review History

01/04/2010 – Reviewed

11/22/2010 – 3-year approval

11/28/2011 – Updated

11/26/2012 – Reviewed

12/01/2012 – Updated

11/25/2013 – Reviewed

11/24/2014 – Reviewed

11/26/2018 – Reviewed

03/18/2020 – Reviewed; Updated criteria to ST (effective 6/1/20).

