Mass General Brigham
Health Plan

Febuxostat Effective 03/01/2025			
Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☐ Prior Authorization ☐ Quantity Limit ☒ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

Overview
Febuxostat is a xanthine oxidase inhibitor indicated for the management of hyperuricemia in adult patients with gout who have an inadequate response to a maximally titrated dose of allopurinol, who are intolerant to allopurinol, or for whom treatment with allopurinol is not advisable. Febuxostat is not recommended for the treatment of asymptomatic hyperuricemia.

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.

FIRST-LINE	SECOND-LINE
Allopurinol	Febuxostat tablet

Coverage Guidelines
Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs
OR
Authorization may be granted all of the following criteria are met:

1. Member meets ONE of the following:
    a. Member has had an inadequate response, adverse reaction, or contraindication to a first-line medication
    b. Member is currently administering the second-line medication

Limitations

1. The following quantity limits apply:

Drug Name	Quantity Limit
febuxostat 40mg & 80mg	30 tablets per 30 days

References

1. Uloric (febuxostat) [prescribing information]. Lexington, MA: Takeda Pharmaceuticals America; April 2023.

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).
12/11/2024 – Reviewed and updated at December P&T. Updated criteria to include language for members new to the plan. Updated PA criteria to include that the member is currently on the second-line medication. Updated title of policy from Uloric to febuxostat to reflect generic availability of the product. Effective 03/01/2025.