Zurampic® (lesinurad)
Effective 11/26/18

Plan	☒ MassHealth ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☒ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
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
Zurampic® (lesinurad) 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.

Coverage Guidelines
Authorization may be granted for members who are new to AllWays Health Partners and has been stabilized on Zurampic® for an approvable diagnosis excluding when the product is obtained as samples or via manufacturer's patient assistance programs. Approvable diagnoses include:

1. Hyperuricemia associated with chronic gout refractory to conventional therapies
2. Tophaceous gout (chronic gout with the presence of tophi)

OR

Authorization may be granted for members with a diagnosis of chronic gout or tophaceous gout when ALL the following criteria are met, and documentation is provided:

1. Member has experienced an inadequate response or treatment failure with allopurinol at a dose of ≥600mg daily (<600mg daily if patient has renal dysfunction) **OR** a documented side-effect, allergy or contraindication to allopurinol.
2. Member has a documented therapy failure with febuxostat (Uloric®) at a dose of ≥80mg daily **OR** a documented side-effect, allergy or contraindication to febuxostat.
3. Member has experienced an inadequate response to a 6 month trial of pegloticase (Krystexxa®) **OR** a documented side-effect, allergy or contraindication to pegloticase.
4. Member will be prescribed Zurampic® in combination with a xanthine oxidase inhibitor.

Continuation of Therapy
Reauthorization requires physician documentation of improvement in serum uric acid (sUA) levels.

Limitations

1. Authorizations will be approved for 6 months
2. The following quantity limits apply:

Zurampic 200mg tablets	30 tablets per 30 days

References

1. Zurampic (lesinurad) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; January 2018.
2. Khanna D, Fitzgerald JD, Khanna PP, et al; American College of Rheumatology. 2012 American College of Rheumatology guidelines for management of gout. Part 1: systematic nonpharmacologic and pharmacologic therapeutic approaches to hyperuricemia. Arthritis Care Res (Hoboken). 2012;64(10):1431-1446.[PubMed 23024028]
3. Richette P, Doherty M, Pascual E, et al. 2016 updated EULAR evidence-based recommendations for the management of gout. Ann Rheum Dis. 2017;76(1):29-42.[PubMed 27457514]10.1136/annrheumdis-2016-209707
4. Bridges FM. Drug Summary: Zurampic® (lesinurad) tablets: Astra Zeneca Pharmaceuticals LP. CVS/Caremark. Last reviewed/updated: 4/19/16.
5. Wrezesinski M. CVS Caremark Pharmacy & Therapeutics Drug Monograph: Zurampic® (lesinurad) tablets: Astra Zeneca Pharmaceuticals LP. CVS/Caremark. Last reviewed/updated: 4/19/16.
6. Krystexxa (pegloticase) [prescribing information]. Lake Forest, IL: Horizon Pharma USA; July 2018
7. Allopurinol [prescribing information]. Morgantown, WV: Mylan Pharmaceuticals Inc; June 2015.
8. Uloric (febuxostat) [prescribing information]. Deerfield, IL: Takeda Pharmaceuticals America; February 2018.

Review History

11/27/2017 – Reviewed
11/26/2018 – Reviewed in P&T Meeting
01/22/2020 – Reviewed P&T Mtg

Disclaimer

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