

Gout Agents

Goal(s):

- To provide evidenced-based step-therapy for the treatment of acute gout flares, prophylaxis of gout and chronic gout.

Length of Authorization:

- Up to 12 months

Requires PA:

- Non-preferred drugs
- Long-term colchicine use (>10 tablets every 180 days)

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code.	
2. Will the provider switch to a preferred product? Note: Preferred products are reviewed for comparative effectiveness and safety by the Oregon Pharmacy and Therapeutics Committee. Preferred products are available without a PA	Yes: Inform prescriber of covered alternatives in the class	No: Go to #3
3. Is the request for colchicine?	Yes: Go to #4	No: Go to #7
4. Does the patient have a diagnosis of Behcet's Syndrome with mucocutaneous and/or joint involvement (concomitant NSAID is appropriate)?	Yes: Approve for up to 12 months	No: Go to #5
5. Does the patient have a cardiovascular diagnosis for which colchicine has demonstrated benefit (e.g., pericarditis, recent myocardial infarction or high cardiovascular disease risk [concomitant NSAID is appropriate])?	Yes: Approve for up to 12 months	No: Go to #6

Approval Criteria

6. Does the patient have gout and failed NSAID therapy or have contraindications to NSAIDs or is a candidate for combination therapy, due to failure of monotherapy or initial presentation justifies combination therapy (i.e., multiple joint involvement and severe pain)?	Yes: Approve for 12 months	No: Pass to RPh. Deny; recommend trial of NSAID
7. Is the request for febuxostat?	Yes: Go to #8	No: Go to #9
8. Has the patient tried and failed allopurinol or has contraindications to allopurinol?	Yes: Approve for up 12 months	No: Pass to RPh. Deny; recommend trial of allopurinol
9. Is the request for probenecid?	Yes: Go to # 10	No: Pass to RPh. Deny; medical appropriateness
10. Has the patient tried allopurinol and febuxostat or have contraindications to one or both of these treatments?	Yes: Approve for up to 12 months	No: Pass to RPh. Deny; recommend a trial of allopurinol or febuxostat

P&T/DUR Review: 12/20 (KS), 1/17 (KS)
 Implementation: 1/1/2021; 4/1/2017