



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Uloric™ (febuxostat)

Review Criteria

Member must meet all the following criteria:

- Subject to Preferred Drug List requirements
- Member must have a diagnosis of gout
- Member must have an inadequate response/contraindication/intolerance to allopurinol
- Approval granted in one-year intervals

Limitations:

- Maximum daily dose allowed is 1.0