



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Zurampic™ (lesinurad)

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 probenecid
- Member must be currently taking allopurinol or febuxostat for hyperuricemia associated with gout and had an inadequate response to either agent
- Member must not have severe renal disease, kidney transplant, dialysis or CrCl <45 ml/min (contraindicated)
- Not approved in combination with lesinurad/allopurinol combination product
- Approval granted in one-year intervals

Limitations:

- Maximum daily dose allowed is 1.0