

## Pre - PA Allowance

None

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## Prior-Approval Requirements

**Age** 18 years of age and older

### Diagnosis

Patient must have the following:

Chronic gout (hyperuricemia)

**AND ALL** of the following:

1. Symptomatic
2. Inadequate treatment response to a maximally titrated dose of allopurinol  
**OR** an intolerance or contraindication to allopurinol
3. Prescriber agrees to monitor serum uric acid levels
4. Prescriber has evaluated the patient's cardiovascular risk
5. **NOT** used concurrently with azathioprine or mercaptopurine

## Prior - Approval Limits

**Quantity** 90 tablets per 90 days

**Duration** 12 months

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## Prior – Approval *Renewal* Requirements

**Age** 18 years of age and older

### Diagnosis

Patient must have the following:

Chronic gout (hyperuricemia)

**AND ALL** of the following:

1. Documented improvement in serum uric acid level
2. Prescriber has evaluated the patient's cardiovascular risk
3. **NOT** used concurrently with azathioprine or mercaptopurine

## Prior - Approval *Renewal* Limits

Same as above