GOUT

DRUG NAME	BRANDS REIMBURSED	DOSAGE FORM/ STRENGTH	REIMBURSEMENT CRITERIA (Refer to pages 2 to 4 for general disclaimers regarding the EAP funding criteria.)	STANDARD APPROVAL DURATION
Febuxostat	Uloric	80 mg	For the treatment of patients with documented severe allopurinol hypersensitivity syndrome* where lowering uric acid is recommended by clinical practice guidelines.	Initial: 1 year
			For the treatment of patients with recurrent gout attacks despite treatment with allopurinol at a dose of 300 mg or more per day for at least six (6) months.	
			* For the purpose of the criteria severe allopurinol hypersensitivity syndrome is defined as follows;	
			The patient has had a clear exposure to allopurinol and:	
			(a) at least TWO of the following major clinical criteria:	
			 (i) worsening renal function; (ii) acute hepatocellular injury; (iii) a rash including either toxic epidermal necrolysis ("TEN"), Stevens-Johnson syndrome ("SJS"), erythema multiforme, generalised maculopapular exanthem or generalized exfoliative dermatitis ("GED"); OR 	
			(b) ONE of the major clinical criteria listed above and at least ONE of the following minor criteria:	
			(i) fever (ii) eosinophilia (iii) leukocytosis.	
			Note that an intolerance to allopurinol that does not meet the	

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			above criteria will not be eligible for reimbursement. Renewals will be considered in patients with objective evidence to demonstrate a benefit from treatment, documented as either a reduction in gout attacks or a reduction in uric acid levels.	Renewals: 5 years