Non-formulary febuxostat (Uloric®) will be covered on the prescription drug benefit when the following criteria are met:

- Diagnosis of gout on problem list

- AND -

- Patient is intolerant to allopurinol or failed treatment with allopurinol (defined as at least 1 month on a daily dose of 800 mg with uric acid above goal) - OR - patient is not a candidate for allopurinol due to one of the following:
  - Documented positive for HLA-B*5801

- AND -

- Patient is intolerant to probenecid or failed treatment with probenecid (defined as at least 1 month on a daily dose of 2,000 mg with uric acid above goal) - OR - patient is not a candidate for probenecid due to one of the following:
  - Creatinine clearance less than 50 mL/min
  - Tophi present
  - History of nephrolithiasis