# Surrey Prescribing Clinical Network

**Policy Statement**
- Febuxostat for the treatment of chronic hyperuricaemia in gout

**Policy No:**
- PCN 58-2013

**Date of Issue**
- 1\(^{st}\) May 2013

**Review Date:**
- May 2016
  - (Unless new published evidence becomes available before this date OR there is new published national guidance e.g. NICE)

**Recommendations:**

The PCN support the use of this febuxostat as per NICE TA 164 with a GREEN status on the traffic light system.

**Key Considerations**

- **NICE TA 164**

  1.1 Febuxostat, within its marketing authorisation, is recommended as an option for the management of chronic hyperuricaemia in gout only for people who are intolerant of allopurinol (as defined in section 1.2) or for whom allopurinol is contraindicated.

  1.2 For the purposes of this guidance, intolerance of allopurinol is defined as adverse effects that are sufficiently severe to warrant its discontinuation, or to prevent full dose escalation for optimal effectiveness as appropriate within its marketing authorisation.

- The NICE TA and the place of febuxostat in the treatment of gout were discussed at the Surrey Rheumatology Network and the group recommended that febuxostat be classified as GREEN as it should be a standard treatment after allopurinol (titrated up to maximum dose) and little monitoring is required, therefore it is suitable for initiation in primary care.

- The PCN requested that the Rheumatology network clarify the recommendation re. gout flare prophylaxis of at least 6 months in the febuxostat SPC as this did not reflect current practice. Rheumatologists have recommended that prophylaxis be given for an initial six weeks and then possibly longer if clinically indicated by continued gout flares.

**Date taken to Prescribing Clinical Network**
- 1\(^{st}\) May 2013

**Agreed by PCN members**
- May 2013