FEBiX

Effective & Long- term Treatment for Chronic GOUT

FEBiX (Febuxostat)

Anti-gout Agent; Xanthine Oxidase Inhibitor

Dosing for Hyperuricemia:

Initial: 40 mg once daily; may increase to **80** mg once daily in patients who do not achieve a serum uric acid level <6 mg/dL after 2 weeks. The dose may be increased further to 120 mg once daily if clinically indicated. [1,2]

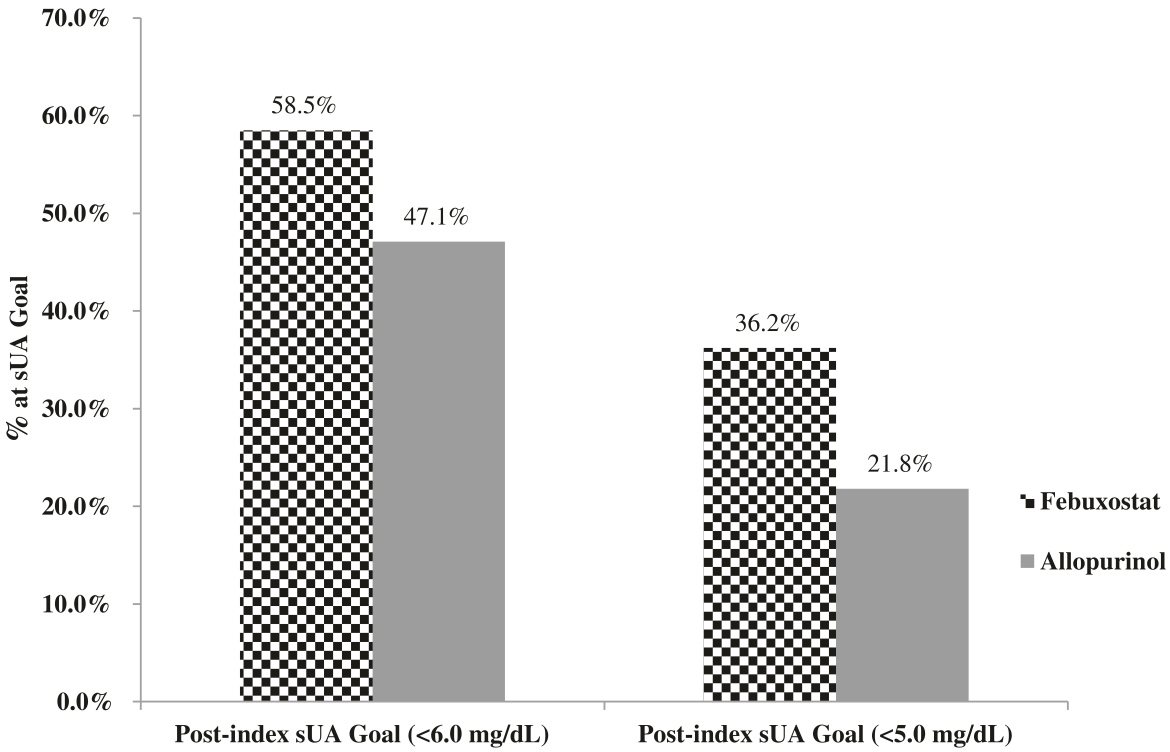
Dose adjustment for renal impairment:

-Mild to moderate impairment (CrCl 30 to 89 mL/minute): No dosage adjustment necessary.

-Severe impairment (CrCl<30 mL/minute): Maximum dose: 40 mg once daily.

Febuxostat was more effective in achieving the target sUA than Allopurinol in gout patients[3]

To assess the comparative effectiveness of Febuxostat and Allopurinol in reducing serum urate (sUA) levels in a real-world U.S. managed care setting



A retrospective study utilized 2009 to 2012 medical and pharmacy claims and laboratory data from a large U.S. commercial and Medicare Advantage health plan

Result:

According to this study:

The currently used doses, Febuxostat (most common dose of 40 mg/day) was more effective in achieving the target sUA than Allopurinol (most common doses of 300 mg/day or lower).

The time to achieve target sUA in the Febuxostat group is a month shorter than in the group receiving allopurinol.

Reference:

1- Khanna D, Fitzgerald JD, Khanna PP, et al; American College of Rheumatology. 2012 American College of Rheumatology guidelines for management of gout. Part 1: systematic nonpharmacologic and pharmacologic therapeutic approaches to hyperuricemia. Arthritis Care Res (Hoboken). 2012; 64(10):1431-1446. [PubMed 23024028]. **2-** Richette P, Doherty M, Pascual E, et al. 2016 updated EULAR evidence-based recommendations for the management of gout. Ann Rheum Dis. 2017; 76(1):29-42. doi: 10.1136/annrheumdis -2016-209707. [PubMed 27457514]**. 3-** Singh JA, Akhras KS, Shiozawa A. Comparative effectiveness of urate lowering withF ebuxostat versus Allopurinol in gout: analyses from large U.S. managed care cohort [published correction appears in Arthritis Res Ther. 2015;17:236]. Arthritis Res Ther. 2015;17(1):120. Published 2015 May 12. doi:10.1186/s13075-015-0624-3