

## Doncaster & Bassetlaw Medicines Formulary

### Section 10.1.4: Gout and Cytotoxic-Induced Hyperuricaemia

#### **Allopurinol 100mg and 300mg Tablets**

Colchicine 500microgram Tablets

Febuxostat 80mg and 120mg Tablets

**Approved by Drug and Therapeutics Committee: February 2020**

**Review Date: February 2023**

#### Prescribing Guidance:

Acute attacks of gout are usually treated with high doses of NSAIDs – see section 10.1.1. Treatment is usually continued for 48 hours after the acute attack has subsided. **Colchicine** may be used as an alternative in patients in whom NSAIDs are contra-indicated. It should be prescribed at a dose of 500micrograms two to four times daily, with a maximum cumulative dose of 6mg per course (which should not be repeated within 3 days).

The MHRA have issued a warning ([Drug Safety Update](#) - Nov 2009) regarding the risk of serious and fatal toxicity with **colchicine**.

In patients in whom NSAIDs and colchicine are contra-indicated, systemic corticosteroids may be used.

Prophylactic therapy with **allopurinol** is usually started one to two weeks after the acute attack has settled. Initiation of treatment with **allopurinol** may precipitate an acute attack. In those patients already prescribed **allopurinol**, the drug should not be stopped during an acute attack.

Febuxostat is an alternative uricosuric drug approved by NICE as a possible treatment for chronic hyperuricaemia in people with gout only if:

- they can't take the medicine allopurinol for medical reasons or
- the side effects of allopurinol are so bad that the person either has to stop taking it or can't be given the most effective dose

See also [Technology Appraisal TA164](#) and the [MHRA Warning](#) regarding an increased risk of cardiovascular death and all-cause mortality in clinical trials in patients with a history of major cardiovascular disease.

**KEY:** [UL] Unlicensed Preparation; **Drug** – first line choice; **Drug** – hospital only; **Drug** – **Amber** (TLS), **Drug** – Red (TLS), see <http://medicinesmanagement.doncasterccg.nhs.uk/>  
Prescribing outside this formulary should only take place via a New Product Request.

Items for Restricted Prescribing:

Sulphinpyrazone may be appropriate where both allopurinol and febuxostat are contraindicated, or have been found to be either a) ineffective or b) not tolerated.

Rasburicase is used for the prophylaxis and treatment of hyperuricaemia associated with chemotherapeutic agents. It should only be prescribed by a Consultant Haematologist or Oncologist.