Zurampic® (lesinurad) – New Drug Approval

- On December 22, 2015, the FDA announced the approval of AstraZeneca’s Zurampic (lesinurad), in combination with a xanthine oxidase inhibitor (XOI) for the treatment of hyperuricemia associated with gout in patients who have not achieved target serum uric acid levels (sUA) with a XOI alone.
  - Zurampic is not recommended for the treatment of asymptomatic hyperuricemia.
  - Zurampic should not be used as monotherapy.

- Gout is a painful form of arthritis caused by the buildup of too much uric acid in the body, and usually appears first as redness, soreness, and swelling in the big toe.

- Zurampic inhibits the urate transporter, URAT1, which is responsible for the majority of the renal reabsorption of uric acid. This mechanism increases uric acid excretion, and thereby, lowers sUA.
  - In combination with a XOI (allopurinol or Uloric® [febuxostat]), Zurampic provides a dual mechanism of action to increase excretion and decrease production of uric acid.

- The safety and efficacy for Zurampic were evaluated in 3 placebo-controlled studies involving 1,537 adult patients with hyperuricemia and gout for up to 12 months. Patients were treated with Zurampic in combination with a XOI or a XOI alone.
  - Patients treated with Zurampic in combination with a XOI experienced reduced sUA compared to XOI alone.
  - In each of the studies, the rates of gout flare requiring treatment from the end of month 6 to the end of month 12 were not statistically different between Zurampic plus XOI vs. XOI alone.
  - In one study, the proportion of patients who experienced a complete resolution of ≥ 1 target tophus was not statistically different between Zurampic in combination with febuxostat vs. febuxostat alone.

- Zurampic carries a boxed warning for the risk for acute renal failure, which is more common when used without a XOI.

- Zurampic is contraindicated in severe renal impairment, end stage renal disease, kidney transplant recipients, or patients on dialysis; and in tumor lysis syndrome or Lesch-Nyhan syndrome.

- Warnings and precautions for Zurampic include renal events and cardiovascular events.
  - The FDA is requiring a post-marketing study to further evaluate the renal and cardiovascular safety of Zurampic.

- The most common adverse events (≥ 2% in combination with a XOI and more frequently than on a XOI alone) with Zurampic use were headache, influenza, increased blood creatinine, and gastroesophageal reflux disease.
The recommended oral dose of Zurampic is 200 mg once daily in combination with a XOI, including allopurinol or febuxostat. The maximum daily dose of Zurampic is 200 mg.

- Zurampic tablets should be taken in the morning with food and water. Patients should be instructed to stay well hydrated (eg, 2 liters [68 oz] of liquid per day).
- Zurampic may be added when target serum uric acid levels are not achieved on the medically appropriate dose of the xanthine oxidase inhibitor alone.
- Use of Zurampic is not recommended for patients taking daily doses of allopurinol < 300 mg (or < 200 mg in patients with estimated creatinine clearance [eCLcr] < 60 mL/min).

- AstraZeneca’s launch plans for Zurampic are pending. Zurampic will be available as 200 mg tablets.