

Treat to a target urate, not to symptoms. Allopurinol is unrestricted first-line. Febuxostat is the Authority Required (Streamlined) alternative — but only for documented allopurinol hypersensitivity, intolerance or contraindication. Inadequate response to allopurinol alone is **not** a PBS-funded indication for febuxostat.

WHEN TO START ULT

- ✓ **Recurrent flares** Two or more gout flares per year — the commonest trigger to start urate-lowering therapy.
- ✓ **Tophi or erosions** Any tophus, or joint damage/erosions seen on imaging.
- ✓ **Urate stones / CKD** Urate nephrolithiasis, or gout with CKD stage 3 or worse.
- ✓ **Target urate** Aim below 0.36 mmol/L; below 0.30 mmol/L if tophaceous or severe.

ALLOPURINOL vs FEBUXOSTAT

Feature	Allopurinol	Febuxostat
PBS status	Unrestricted (first-line)	Authority required (Streamlined) — allopurinol intolerance/hypersensitivity/contraindication only
Starting dose	100 mg daily (50 mg if CKD); titrate to target	80 mg once daily; up to 120 mg if target not reached
Key risk	Hypersensitivity (SCAR) — screen HLA-B*5801 in at-risk groups	CV signal (CARES) — avoid in major cardiovascular disease

VERIFY AT PBS

Start low, go slow — cover the first 3–6 months with flare prophylaxis (low-dose colchicine or an NSAID) and don't start ULT mid-flare. Exact titration steps and item codes are not reproduced here — confirm at pbs.gov.au.

■ SAFETY

- Don't start ULT mid-flare — wait ~2–4 weeks for the acute attack to settle
- If already on ULT, continue it through an acute flare — don't stop
- Treat flares early: NSAID, colchicine or corticosteroid — effectiveness falls the longer the flare runs
- ULT is lifelong — recheck urate periodically and keep it at target

◆ CHECK / EXCLUDE

- Screen HLA-B*5801 before allopurinol in Han Chinese, Thai and Korean (CKD) patients — severe cutaneous reaction risk
- Avoid both allopurinol and febuxostat with azathioprine/6-mercaptopurine — shared xanthine oxidase pathway, potentially life-threatening
- Febuxostat: avoid in major cardiovascular disease — assess CV risk first
- Colchicine: reduce dose in renal/hepatic impairment; interacts with statins, clarithromycin, verapamil