

GOUT TREATMENT

Non-pharmacologic therapy includes lifestyle and dietary changes such as weight management, reduced alcohol intake and consumption of high purine foods (ex. anchovies, asparagus, game meats, gravy, herring, liver, mackerel, mushrooms, sardines, scallops), as well as maintenance of blood pressure and lipid control.

Generic	Brand	Strength	Form	Adult Dose
ACUTE ATTACK				
colchicine	Colcris	0.6mg	tabs	1.2mg at first sign of gout flare, then 0.6mg 1hr later; max 1.8mg over 1hr period. May be given during prophylaxis at max 1.2mg at first sign of flare, then 0.6mg 1hr later; wait 12hrs, then resume prophylactic dose.
colchicine 4X	Colcigel	0.25mL/pump actuation	gel	Apply 1–4 pumps (0.25mL–1mL) at first sign of gout flare, then 1–4 pumps (0.25mL–1mL) as needed up to every hr; max 6 pumps (1.5mL) in a 1-hr period and 16 pumps (4 applications) in a 24-hr period. May be given during prophylaxis at max 2 pumps at first sign of flare, then 2 pumps hourly up to 3 doses as needed; wait 12hrs, then resume prophylactic dose.
indomethacin	—	25mg, 50mg	caps	50mg 3 times daily until pain tolerable; then rapidly reduce dose to discontinue.
		50mg	supp	
naproxen	Naprosyn*	500mg+	tabs	750mg once, then 250mg every 8hrs.
		125mg/5mL	susp	
	Anaprox DS	550mg+	tabs	825mg once, then 275mg every 8hrs.
	Naprelan	375mg, 500mg, 750mg	controlled release tabs	1–1.5g once daily for 1 day, then 1g once daily until attack subsides.
prednisone	—	1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	tabs+	Individualize. Initially 5–60mg daily.
		5mg/5mL	soln	
		5mg/5mL	intensol	
	Rayos	1mg, 2mg, 5mg	del-rel tabs	
sulindac	—	150mg+, 200mg+	tabs	Take with food. 200mg twice daily, usually for 7 days; max 400mg/day.
triamcinolone hexacetonide	Aristospan Intra-articular	20mg/mL	susp for inj	Average intra-articular dose: 2–20mg. Large joints: 10–20mg. Small joints: 2–6mg. Usual frequency of injection into a single joint is every 3–4wks.
CHRONIC / MANAGEMENT / PREVENTION				
allopurinol	Zyloprim	100mg+, 300mg+	tabs	Take with food. Initially 100mg daily; increase by increments of 100mg/day at weekly intervals. Usual range (mild): 200–300mg/day; (severe): 400–600mg/day. Max 800mg/day and 300mg/dose.
colchicine	Colcris	0.6mg	tabs	>16yrs: 0.6mg once or twice daily; max 1.2mg/day.
	Mitigare	0.6mg	caps	
colchicine 4X	Colcigel	0.25mL/pump actuation	gel	>16yrs: Apply 1–3 pumps (0.25mL–0.75mL) twice daily; max 6 pumps (1.5mL) in 24hrs.
febuxostat	Uloric	40mg, 80mg	tabs	≥18yrs: initially 40mg once daily. If serum uric acid is not <6mg/dL after 2wks, may increase to 80mg once daily. Severe renal impairment: max 40mg daily. Give gout flare prophylaxis (eg, NSAID, colchicine) upon initiation and for up to 6mos.
lesinurad	Zurampic	200mg	tabs	Take in the AM with food and water. 200mg once daily with a xanthine oxidase inhibitor. Max 200mg/day. Patients on allopurinol <300mg/day (or <200mg/day with ClCr <60mL/min): not recommended.
lesinurad/ allopurinol	Duzallo	200mg/200mg, 200mg/300mg	tabs	Take in the AM with food and water. ≥18yrs: patients on daily allopurinol dose 200mg: initially one 200mg/200mg tab daily; 300mg: initially one 200mg/300mg tab daily; >300mg: initially 1 tab equivalent to the total daily allopurinol dose; if <300mg (or <200mg with ClCr <60mL/min): not recommended.
pegloticase	Krystexxa	8mg/mL	soln for IV infusion after dilution	Discontinue oral urate-lowering agents before starting. Premedicate with antihistamines and corticosteroids. Infuse over ≥2hrs. ≥18yrs: 8mg once every 2wks. Give gout flare prophylaxis (eg, NSAID, colchicine) ≥1wk before initiation and for up to 6mos.
probenecid	—	500mg+	tabs	Take with plenty of fluids. 250mg twice daily for 1wk, then 500mg twice daily.
probenecid/ colchicine	—	500mg/0.5mg+	tabs	Take with plenty of fluids. 1 tab daily for 1wk, then 1 tab twice daily.

NOTES

Key: += scored tabs; soln = solution; susp = suspension; supp = suppositories

*EC-Naprosyn not recommended.

Not an inclusive list of medications and/or official indications. Please see drug monograph at www.eMPR.com and/or contact company for full drug labeling.

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