

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	NA

*FHK- Florida Healthy Kids

Colcrys (colchicine tablets)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 Year

Medications	Quantity Limit
Colcrys (colchicine)	69 tablets* per 30 days. *Note: Additional tablets allow for treatment of up to 3 gout flares per month

Requests for additional tablets of Colcrys may be approved if the following criteria are met:

- I. May approve a quantity of 120 tablets per 30 days for diagnosis of Familial Mediterranean Fever (FMF).

If an increase in quantity of the drug is requested and the criterion is not met, then request will be reviewed on a case by case basis.

APPROVAL CRITERIA

Requests for Colcrys (colchicine) tablets may be approved if the following criteria are met:

- I. Individual has been on Colcrys (colchicine) tablets in the past 180 days (medication samples/ coupons/ discount cards are excluded from consideration as a trial);

OR

- II. Individual is using for the treatment of acute gout flares; **AND**
- III. Individual has history of a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of, intolerance to, or contraindication to one of the following for an acute gout flare:
 - A. Non-steroidal Anti-inflammatory Drug (NSAID); **OR**
 - B. Systemic corticosteroid;

OR

- IV. Individual is using for the prophylaxis of gout flares; and one of the following:
 - A. Individual will be initiating or has initiated urate-lowering therapy (ULT); **OR**
 - B. Individual has a contraindication or intolerance to urate-lowering therapy;

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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OR

- V. Individual is 4 years of age or older; **AND**
- VI. Individual has a diagnosis of Familial Mediterranean Fever (FMF);

OR

- VII. Individual is using for prevention of recurrent Pseudogout;

OR

- VIII. Individual is using for pericarditis with two or more recurrences (DrugPoints BIIa).

Colcrys (colchicine) may **NOT** be approved for the following:

- I. Treating pain from other causes;

OR

- II. Individual is currently on a medication that is known to inhibit CYP3A4* and/or P-glycoprotein** (P-gp); **AND**
- III. Individual has concomitant renal or hepatic impairment.

*Including, but not limited to: atazanavir, clarithromycin, indinavir, itraconazole, ketoconazole, nefazodone, nelfinavir, ritonavir, saquinavir, telithromycin, amprenavir, aprepitant, diltiazem, erythromycin, fluconazole, fosamprenavir, grapefruit juice, verapamil.

**Including, but not limited to: cyclosporine and ranolazine.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2017. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed January 30, 2017.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2017; Updated periodically.

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