Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Colcrys™ (colchicine)

Review Criteria

Member must meet all the following criteria for specific diagnosis:

Acute Gout:

- Subject to Preferred Drug List
- Member must have an inadequate response/contraindication/intolerance to a preferred NSAID (refer to Preferred Drug List for preferred options)
    - If NSAID therapy is contraindicated, member must have an inadequate response to prednisone therapy
- Authorization is granted for only one fill

Limitations:

- Max quantity allowed is 9 tablets per 30 days and max of one fill
    - Additional fills may be considered for the first 1-2 months of diagnosis if quantity is not sufficient for acute attack

Recurrent/Chronic Gout:

- Subject to Preferred Drug List
- Member must be currently taking a gout preventative medication (i.e., allopurinol, probenecid or Uloric; refer to Preferred Drug List for preferred options)
- Trial on NSAID not required due to chronic diagnosis and ongoing compliance on preventative therapy
- Initial authorization is granted for 6 months

Renewal Authorization:

- Member must be currently taking a gout preventative medication and remain compliant on therapy
- Member must have need for ongoing colchicine therapy in conjunction with preventative therapy
- Renewal authorization will be granted in one-year intervals

Limitations:

- Maximum daily quantity is 2.0

Familial Mediterranean Fever (FMF):

- Subject to Preferred Drug List
- No trials on any other medications required
- Approval granted in one-year intervals

Limitations:

- Maximum daily quantity is 4.0

Pseudogout/Calcium Pyrophosphate Crystal Deposition Disease (CPPD):

- Acute:
    - Subject to Preferred Drug List
    - Member must have an inadequate response/contraindication/intolerance to NSAIDS (refer to the Preferred Drug List for preferred options)
    - Approval granted for 3 months (approval can be extended as necessary until acute attack resolves)

    Limitations:
    - Maximum daily quantity is 2.0

- Chronic:
    - Subject to Preferred Drug List
    - Member must have $\geq$ 3 attacks per year
    - Approval granted for one year

    Limitations:
    - Maximum daily quantity is 2.0

Pericarditis:

- For both acute and recurrent diagnoses, member must be currently taking an NSAID are aspirin therapy, unless contraindicated or not tolerated (usually used for 1-2 weeks, but may be longer)

- Acute:
    - Subject to Preferred Drug List
    - Approval granted for 3 months

    Limitations:
    - Maximum daily quantity is 2.0

- Recurrent:
    - Subject to Preferred Drug List
    - Approval granted for one year

    Limitations:
    - Maximum daily quantity is 2.0

Bechet's Disease:

- Subject to Preferred Drug List
- Approval granted for one year

Limitations:

- Maximum daily quantity is 3.0

Primary Biliary Cirrhosis/Cholangitis:

- Subject to Preferred Drug List
- Member must have inadequate response to ursodiol or obeticholic acid (refer to Preferred Drug List for preferred option)
- Approval granted for one year

Limitations:

- Maximum daily quantity is 2.0