



Montana Healthcare Programs  
Drug Prior Authorization Coverage Criteria

Probenecid/Colchicine Combination

**Review Criteria**

Member must meet all the following criteria:

- Subject to Preferred Drug List requirements
- Member must have a diagnosis of gout
- Member must have an inadequate response to chronic, stand alone, probenecid therapy
- Approval granted in one-year intervals

Limitations:

- Maximum daily dose allowed is 2.0