Division: Pharmacy Policy	Subject: State of Florida's Agency for Health Care Administration's Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	April 22, 2022

Colchicine Agents

PREFERRED MEDICATIONS	NON-PREFERRED MEDICATIONS
Colchicine 0.6 mg tablet	Colchicine 0.6 mg (Mitigare®) capsule
Probenecid/colchicine tablet	Gloperba® (colchicine solution)
	Colcrys tablet
	Mitigare® (colchicine capsule)

LENGTH OF AUTHORIZATION: 6 months

REVIEW CRITERIA:

- Familial Mediterranean Fever (FMF) (**Colcrys only**)
  - Patient must be ≥ 4 years of age.
- Prophylaxis of Gout Flares (**Gloperba, Mitigare and Colcrys**)
  - Patient must be ≥ 18 years of age.
  - Patient has tried and failed allopurinol.
  - Patient has tried and failed the preferred medications.
- Treatment of Gout Flares (**Colcrys only**)
  - Patient must have trial and failure of at least 14 days of NSAID therapy (naproxen, ibuprofen, diclofenac, meloxicam, indomethacin, celecoxib) while on urate lowering therapy (allopurinol, probenecid, febuxostat); OR
  - Patient must have a history of GI bleeding or comorbidities that would not allow trial of NSAIDs.

CONTINUATION OF THERAPY:

- Patient met initial review criteria; **AND**
- Documentation of improved clinical response; **AND**
- Patient has not experienced any treatment-restricting adverse effects; **AND**
- Dosing is appropriate as per labeling or is supported by compendia.
- For Treatment of Gout Flares:
  - Current history of urate lowering therapy with 100% compliance in the past three months (as per claims history); **AND**
  - Must have a current history of tophaceous gout (Nodular masses of uric acid crystals [tophi] are deposited in different soft tissue areas of the body); **OR**
  - Patient has elevated urate level (≥ 6) in the past month

DOSING AND ADMINISTRATION:

- Refer to product labeling https://www.accessdata.fda.gov/scripts/cder/daf/