

DIVISION OF HEALTH CARE FINANCING AND POLICY
NEVADA MEDICAID
DRUG USE REVIEW (DUR) BOARD

PROPOSED PRIOR AUTHORIZATION CRITERIA

Colchicine (Colcrys®)

Colchicine is a covered benefit of Nevada Medicaid for recipients who meet the criteria for coverage.

1. Coverage and Limitations:

Authorization will be given if one of the following criteria are met and documented:

- a. Recipient has a diagnosis of familial mediterranean fever (FMP) OR
- b. Recipient has a diagnosis of acute gout and recipient has failed therapy with NSAIDs (indomethacin, naproxen, ibuprofen, sulindac or ketoprofen) or corticosteroids (oral or intra-articular) in the last 90 days OR
- c. Recipient has a diagnosis of chronic gout requiring prophylaxis and recipient has failed therapy with two xanthine oxidase inhibitors within the last 180 days or recipient has a contraindication to two xanthine oxidase inhibitors.

2. Quantity Limitations:

- a. Quantity limit: 6 tabs per fill
- b. A Prior Authorization for additional medication beyond this limit will be approved for recipients with:
 - i. Familial mediterranean fever (FMP). The quantity limit for recipients with FMP is 120 tablets/30 days
 - ii. Chronic gout requiring prophylaxis. The quantity limit for prophylaxis of chronic gout is 60 tablets/30 days

3. Length of Approval: 1 year