Drug/Drug Class

Colcrys (Colchicine) Tablets

Clinical Edit Information Included in this Document

- **Drugs requiring prior authorization**: the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic**: a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram**: a visual depiction of the clinical edit criteria logic
- **Supporting tables**: a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes)
- **References**: clinical publications and sources relevant to this clinical edit

**Note**: Click the hyperlink to navigate directly to that section.

Revision Notes

- Updated References, page 17.
Colcrys (Colchicine) Tablets

Drugs Requiring Prior Authorization

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<td>COLCRRYS 0.6 MG TABLET</td>
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Colcrys (Colchicine) Tablets

Clinical Edit Criteria Logic

1. Does the client have a diagnosis of renal or hepatic impairment in the last 365 days?
   [ ] Yes (Go to #2)
   [ ] No (Go to #3)

2. Does the client have a history of the following medications in the last 30 days: atazanavir, clarithromycin, darunavir, indinavir, itraconazole, ketoconazole, lopinavir/ritonavir, nefazodone, nelfinavir, ritonavir, saquinavir, telithromycin, tipranavir, cyclosporine, or ranolazine?
   [ ] Yes (Deny)
   [ ] No (Go to #3)

3. Is the client 4-12 (≥ 4 and ≤ 12) years old?
   [ ] Yes (Go to #4)
   [ ] No (Go to #5)

4. Is the quantity requested less than or equal to (≤) 1.8mg (3 tablets) per day?
   [ ] Yes (Approve – 365 days)
   [ ] No (Deny)

5. Is the client greater than (>) 12 years old?
   [ ] Yes (Go to #6)
   [ ] No (Deny)

6. Is the quantity requested less than or equal to (≤) 2.4mg (4 tablets) per day?
   [ ] Yes (Approve – 365 days)
   [ ] No (Deny)
Colcrys (Colchicine) Tablets

Clinical Edit Criteria Logic Diagram

Step 1
Does the client have a diagnosis of renal or hepatic impairment in the last 365 days?

Yes → Step 2
No → Deny Request

Step 2
Does the client have a history of the following medications in the last 30 days: atazanavir, clarithromycin, darunavir, indinavir, itraconazole, ketoconazole, lopinavir/ritonavir, nefazodone, nevirapine, ritonavir, saquinavir, telithromycin, tipranavir, cyclosporine, or ranolazine?

Yes → Deny Request
No → Step 3

Step 3
Is the client ≥ 4 years of age and ≤ 12 years of age?

Yes → Step 4
No → Deny Request

Step 4
Is the quantity requested ≤ 1.8 mg (3 tablets) per day?

Yes → Approve Request (365 days)
No → Step 5

Step 5
Is the client > 12 years old?

Yes → Approve Request (365 days)
No → Step 6

Step 6
Is the quantity requested ≤ 2.4 mg (4 tablets) per day?

Yes → Approve Request (365 days)
No → Deny Request
Colcrys (Colchicine) Tablets

Clinical Edit Criteria Supporting Tables

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### Step 1 (diagnosis of renal or hepatic impairment)

**Required diagnosis:** 1

**Look back timeframe:** 365 days

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### Step 1 (diagnosis of renal or hepatic impairment)

**Required diagnosis:** 1

**Look back timeframe:** 365 days

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Number of claims: 1
Look back timeframe: 30 days

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Number of claims: 1
Look back timeframe: 30 days

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Colcrys (Colchicine) Tablets

Clinical Edit Criteria References


4. Colchicine and Other Drugs for Gout. The Medical Letter on Drugs and Therapeutics 2009; 93.


Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the most current revision are also provided in the Revision Notes on the first page of this document.

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