

**Texas Prior Authorization Program  
Clinical Criteria**

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**Drug/Drug Class**

**Colcrlys (Colchicine) Tablets**

**Clinical Criteria Information Included in this Document**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical 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 criteria

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

**Revision Notes**

- Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](http://TxVendorDrug.com/formulary/formulary-search).) on each 'Drug Requiring PA' table



## Colcrys (Colchicine) Tablets

### Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](http://TxVendorDrug.com/formulary/formulary-search).

Drugs Requiring Prior Authorization	
Label Name	GCN
COLCRYS 0.6 MG TABLET	35674



## Colcrys (Colchicine) Tablets

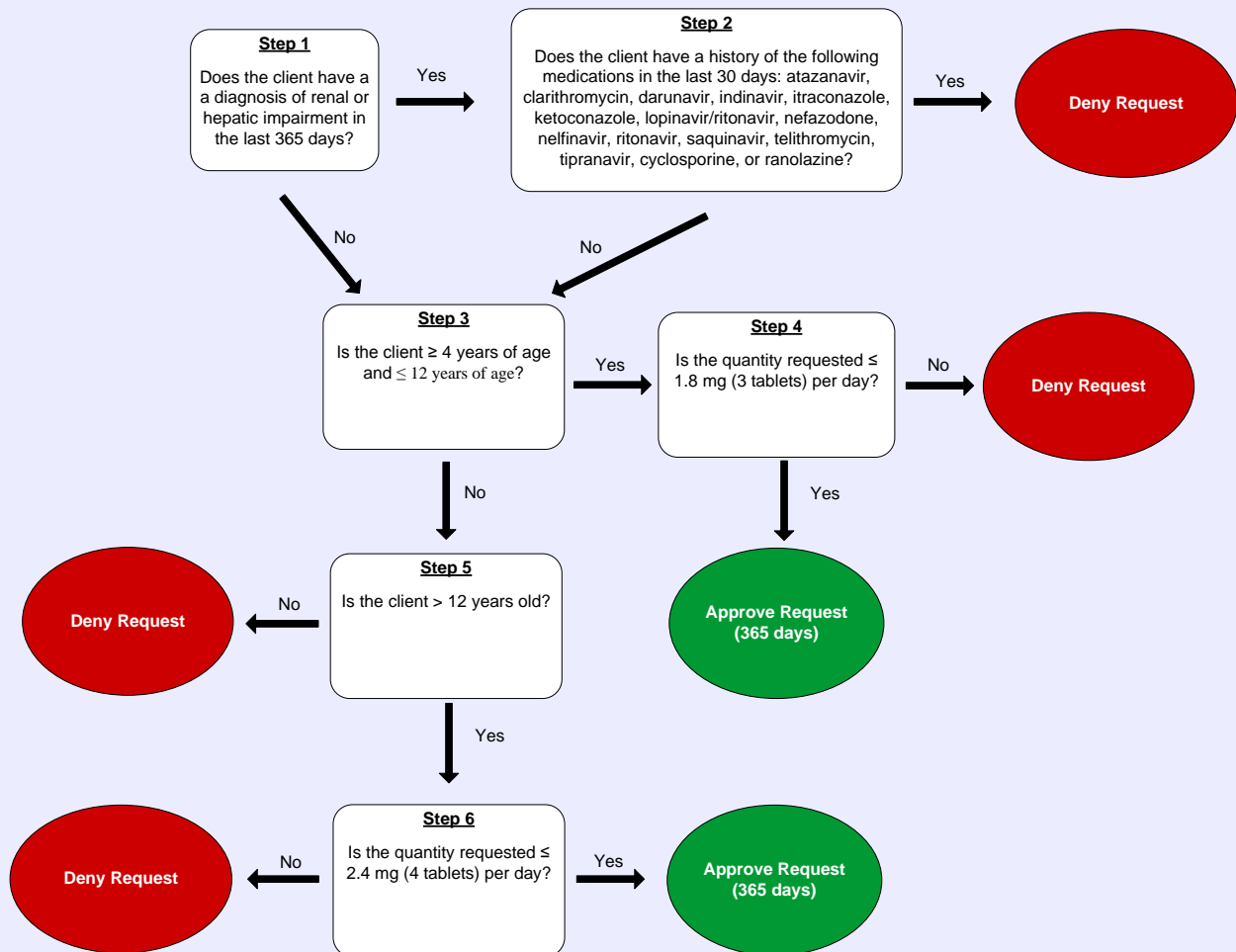
### Clinical Criteria Logic

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 ( $\geq 4$  and  $\leq 12$ ) years old?  
 Yes (Go to #4)  
 No (Go to #5)
4. Is the quantity requested less than or equal to ( $\leq$ ) 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 ( $\leq$ ) 2.4mg (4 tablets) per day?  
 Yes (Approve - 365 days)  
 No (Deny)



# Colcrys (Colchicine) Tablets

## Clinical Criteria Logic Diagram





## Colcrys (Colchicine) Tablets

### Clinical Criteria Supporting Tables

<b>Step 1 (diagnosis of renal or hepatic impairment)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
B251	CYTOMEGALOVIRAL HEPATITIS
B520	PLASMODIUM MALARIAE MALARIA WITH NEPHROPATHY
E0821	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH DIABETIC NEPHROPATHY
E0822	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH DIABETIC CHRONIC KIDNEY DISEASE
E0829	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH OTHER DIABETIC KIDNEY COMPLICATION
E0921	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH DIABETIC NEPHROPATHY
E0922	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE
E0929	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH OTHER DIABETIC KIDNEY COMPLICATION
K700	ALCOHOLIC FATTY LIVER
K7010	ALCOHOLIC HEPATITIS WITHOUT ASCITES
K7011	ALCOHOLIC HEPATITIS WITH ASCITES
K702	ALCOHOLIC FIBROSIS AND SCLEROSIS OF LIVER
K7030	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES
K7031	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES
K7040	ALCOHOLIC HEPATIC FAILURE WITHOUT COMA
K7041	ALCOHOLIC HEPATIC FAILURE WITH COMA
K709	ALCOHOLIC LIVER DISEASE, UNSPECIFIED
K710	TOXIC LIVER DISEASE WITH CHOLESTASIS
K7110	TOXIC LIVER DISEASE WITH HEPATIC NECROSIS, WITHOUT COMA
K7111	TOXIC LIVER DISEASE WITH HEPATIC NECROSIS, WITH COMA
K712	TOXIC LIVER DISEASE WITH ACUTE HEPATITIS
K713	TOXIC LIVER DISEASE WITH CHRONIC PERSISTENT HEPATITIS
K714	TOXIC LIVER DISEASE WITH CHRONIC LOBULAR HEPATITIS
K7150	TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITHOUT ASCITES
K7151	TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITH ASCITES

<b>Step 1 (diagnosis of renal or hepatic impairment)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
K716	TOXIC LIVER DISEASE WITH HEPATITIS, NOT ELSEWHERE CLASSIFIED
K717	TOXIC LIVER DISEASE WITH FIBROSIS AND CIRRHOSIS OF LIVER
K718	TOXIC LIVER DISEASE WITH OTHER DISORDERS OF LIVER
K719	TOXIC LIVER DISEASE, UNSPECIFIED
K7200	ACUTE AND SUBACUTE HEPATIC FAILURE WITHOUT COMA
K7201	ACUTE AND SUBACUTE HEPATIC FAILURE WITH COMA
K7210	CHRONIC HEPATIC FAILURE WITHOUT COMA
K7211	CHRONIC HEPATIC FAILURE WITH COMA
K7290	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA
K7291	HEPATIC FAILURE, UNSPECIFIED WITH COMA
K730	CHRONIC PERSISTENT HEPATITIS, NOT ELSEWHERE CLASSIFIED
K731	CHRONIC LOBULAR HEPATITIS, NOT ELSEWHERE CLASSIFIED
K732	CHRONIC ACTIVE HEPATITIS, NOT ELSEWHERE CLASSIFIED
K738	OTHER CHRONIC HEPATITIS, NOT ELSEWHERE CLASSIFIED
K739	CHRONIC HEPATITIS, UNSPECIFIED
K740	HEPATIC FIBROSIS
K741	HEPATIC SCLEROSIS
K742	HEPATIC FIBROSIS WITH HEPATIC SCLEROSIS
K743	PRIMARY BILIARY CIRRHOSIS
K744	SECONDARY BILIARY CIRRHOSIS
K745	BILIARY CIRRHOSIS, UNSPECIFIED
K7460	UNSPECIFIED CIRRHOSIS OF LIVER
K7469	OTHER CIRRHOSIS OF LIVER
K750	ABSCESS OF LIVER
K751	PHLEBITIS OF PORTAL VEIN
K752	NONSPECIFIC REACTIVE HEPATITIS
K753	GRANULOMATOUS HEPATITIS, NOT ELSEWHERE CLASSIFIED
K754	AUTOIMMUNE HEPATITIS
K7581	NONALCOHOLIC STEATOHEPATITIS (NASH)
K7589	OTHER SPECIFIED INFLAMMATORY LIVER DISEASES
K759	INFLAMMATORY LIVER DISEASE, UNSPECIFIED
K760	FATTY (CHANGE OF) LIVER, NOT ELSEWHERE CLASSIFIED
K761	CHRONIC PASSIVE CONGESTION OF LIVER
K762	CENTRAL HEMORRHAGIC NECROSIS OF LIVER
K763	INFARCTION OF LIVER

<b>Step 1 (diagnosis of renal or hepatic impairment)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
K764	PELIOSIS HEPATIS
K765	HEPATIC VENO-OCCLUSIVE DISEASE
K766	PORTAL HYPERTENSION
K767	HEPATORENAL SYNDROME
K7681	HEPATOPULMONARY SYNDROME
K7689	OTHER SPECIFIED DISEASES OF LIVER
K769	LIVER DISEASE, UNSPECIFIED
K77	LIVER DISORDERS IN DISEASES CLASSIFIED ELSEWHERE
M3214	GLOMERULAR DISEASE IN SYSTEMIC LUPUS ERYTHEMATOSUS
M3215	TUBULO-INTERSTITIAL NEPHROPATHY IN SYSTEMIC LUPUS ERYTHEMATOSUS
M3504	SICCA SYNDROME WITH TUBULO-INTERSTITIAL NEPHROPATHY
N000	ACUTE NEPHRITIC SYNDROME WITH MINOR GLOMERULAR ABNORMALITY
N001	ACUTE NEPHRITIC SYNDROME WITH FOCAL AND SEGMENTAL GLOMERULAR LESIONS
N002	ACUTE NEPHRITIC SYNDROME WITH DIFFUSE MEMBRANOUS GLOMERULONEPHRITIS
N003	ACUTE NEPHRITIC SYNDROME WITH DIFFUSE MESANGIAL PROLIFERATIVE GLOMERULONEPHRITIS
N004	ACUTE NEPHRITIC SYNDROME WITH DIFFUSE ENDOCAPILLARY PROLIFERATIVE GLOMERULONEPHRITIS
N005	ACUTE NEPHRITIC SYNDROME WITH DIFFUSE MESANGIOCAPILLARY GLOMERULONEPHRITIS
N006	ACUTE NEPHRITIC SYNDROME WITH DENSE DEPOSIT DISEASE
N007	ACUTE NEPHRITIC SYNDROME WITH DIFFUSE CRESCENTIC GLOMERULONEPHRITIS
N008	ACUTE NEPHRITIC SYNDROME WITH OTHER MORPHOLOGIC CHANGES
N009	ACUTE NEPHRITIC SYNDROME WITH UNSPECIFIED MORPHOLOGIC CHANGES
N010	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH MINOR GLOMERULAR ABNORMALITY
N011	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH FOCAL AND SEGMENTAL GLOMERULAR LESIONS
N012	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH DIFFUSE MEMBRANOUS GLOMERULONEPHRITIS
N013	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH DIFFUSE MESANGIAL PROLIFERATIVE GLOMERULONEPHRITIS
N014	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH DIFFUSE ENDOCAPILLARY PROLIFERATIVE GLOMERULONEPHRITIS

<b>Step 1 (diagnosis of renal or hepatic impairment)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
N015	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH DIFFUSE MESANGIOCAPILLARY GLOMERULONEPHRITIS
N016	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH DENSE DEPOSIT DISEASE
N017	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH DIFFUSE CRESCENTIC GLOMERULONEPHRITIS
N018	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH OTHER MORPHOLOGIC CHANGES
N019	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH UNSPECIFIED MORPHOLOGIC CHANGES
N020	RECURRENT AND PERSISTENT HEMATURIA WITH MINOR GLOMERULAR ABNORMALITY
N021	RECURRENT AND PERSISTENT HEMATURIA WITH FOCAL AND SEGMENTAL GLOMERULAR LESIONS
N022	RECURRENT AND PERSISTENT HEMATURIA WITH DIFFUSE MEMBRANOUS GLOMERULONEPHRITIS
N023	RECURRENT AND PERSISTENT HEMATURIA WITH DIFFUSE MESANGIAL PROLIFERATIVE GLOMERULONEPHRITIS
N024	RECURRENT AND PERSISTENT HEMATURIA WITH DIFFUSE ENDOCAPILLARY PROLIFERATIVE GLOMERULONEPHRITIS
N025	RECURRENT AND PERSISTENT HEMATURIA WITH DIFFUSE MESANGIOCAPILLARY GLOMERULONEPHRITIS
N026	RECURRENT AND PERSISTENT HEMATURIA WITH DENSE DEPOSIT DISEASE
N027	RECURRENT AND PERSISTENT HEMATURIA WITH DIFFUSE CRESCENTIC GLOMERULONEPHRITIS
N028	RECURRENT AND PERSISTENT HEMATURIA WITH OTHER MORPHOLOGIC CHANGES
N029	RECURRENT AND PERSISTENT HEMATURIA WITH UNSPECIFIED MORPHOLOGIC CHANGES
N030	CHRONIC NEPHRITIC SYNDROME WITH MINOR GLOMERULAR ABNORMALITY
N031	CHRONIC NEPHRITIC SYNDROME WITH FOCAL AND SEGMENTAL GLOMERULAR LESIONS
N032	CHRONIC NEPHRITIC SYNDROME WITH DIFFUSE MEMBRANOUS GLOMERULONEPHRITIS
N033	CHRONIC NEPHRITIC SYNDROME WITH DIFFUSE MESANGIAL PROLIFERATIVE GLOMERULONEPHRITIS
N034	CHRONIC NEPHRITIC SYNDROME WITH DIFFUSE ENDOCAPILLARY PROLIFERATIVE GLOMERULONEPHRITIS
N035	CHRONIC NEPHRITIC SYNDROME WITH DIFFUSE MESANGIOCAPILLARY GLOMERULONEPHRITIS
N036	CHRONIC NEPHRITIC SYNDROME WITH DENSE DEPOSIT DISEASE



<b>Step 1 (diagnosis of renal or hepatic impairment)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
N037	CHRONIC NEPHRITIC SYNDROME WITH DIFFUSE CRESCENTIC GLOMERULONEPHRITIS
N038	CHRONIC NEPHRITIC SYNDROME WITH OTHER MORPHOLOGIC CHANGES
N039	CHRONIC NEPHRITIC SYNDROME WITH UNSPECIFIED MORPHOLOGIC CHANGES
N040	NEPHROTIC SYNDROME WITH MINOR GLOMERULAR ABNORMALITY
N041	NEPHROTIC SYNDROME WITH FOCAL AND SEGMENTAL GLOMERULAR LESIONS
N042	NEPHROTIC SYNDROME WITH DIFFUSE MEMBRANOUS GLOMERULONEPHRITIS
N043	NEPHROTIC SYNDROME WITH DIFFUSE MESANGIAL PROLIFERATIVE GLOMERULONEPHRITIS
N044	NEPHROTIC SYNDROME WITH DIFFUSE ENDOCAPILLARY PROLIFERATIVE GLOMERULONEPHRITIS
N045	NEPHROTIC SYNDROME WITH DIFFUSE MESANGIOCAPILLARY GLOMERULONEPHRITIS
N046	NEPHROTIC SYNDROME WITH DENSE DEPOSIT DISEASE
N047	NEPHROTIC SYNDROME WITH DIFFUSE CRESCENTIC GLOMERULONEPHRITIS
N048	NEPHROTIC SYNDROME WITH OTHER MORPHOLOGIC CHANGES
N049	NEPHROTIC SYNDROME WITH UNSPECIFIED MORPHOLOGIC CHANGES
N050	UNSPECIFIED NEPHRITIC SYNDROME WITH MINOR GLOMERULAR ABNORMALITY
N051	UNSPECIFIED NEPHRITIC SYNDROME WITH FOCAL AND SEGMENTAL GLOMERULAR LESIONS
N052	UNSPECIFIED NEPHRITIC SYNDROME WITH DIFFUSE MEMBRANOUS GLOMERULONEPHRITIS
N053	UNSPECIFIED NEPHRITIC SYNDROME WITH DIFFUSE MESANGIAL PROLIFERATIVE GLOMERULONEPHRITIS
N054	UNSPECIFIED NEPHRITIC SYNDROME WITH DIFFUSE ENDOCAPILLARY PROLIFERATIVE GLOMERULONEPHRITIS
N055	UNSPECIFIED NEPHRITIC SYNDROME WITH DIFFUSE MESANGIOCAPILLARY GLOMERULONEPHRITIS
N056	UNSPECIFIED NEPHRITIC SYNDROME WITH DENSE DEPOSIT DISEASE
N057	UNSPECIFIED NEPHRITIC SYNDROME WITH DIFFUSE CRESCENTIC GLOMERULONEPHRITIS
N058	UNSPECIFIED NEPHRITIC SYNDROME WITH OTHER MORPHOLOGIC CHANGES
N059	UNSPECIFIED NEPHRITIC SYNDROME WITH UNSPECIFIED MORPHOLOGIC CHANGES
N060	ISOLATED PROTEINURIA WITH MINOR GLOMERULAR ABNORMALITY

<b>Step 1 (diagnosis of renal or hepatic impairment)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
N061	ISOLATED PROTEINURIA WITH FOCAL AND SEGMENTAL GLOMERULAR LESIONS
N062	ISOLATED PROTEINURIA WITH DIFFUSE MEMBRANOUS GLOMERULONEPHRITIS
N063	ISOLATED PROTEINURIA WITH DIFFUSE MESANGIAL PROLIFERATIVE GLOMERULONEPHRITIS
N064	ISOLATED PROTEINURIA WITH DIFFUSE ENDOCAPILLARY PROLIFERATIVE GLOMERULONEPHRITIS
N065	ISOLATED PROTEINURIA WITH DIFFUSE MESANGIOCAPILLARY GLOMERULONEPHRITIS
N066	ISOLATED PROTEINURIA WITH DENSE DEPOSIT DISEASE
N067	ISOLATED PROTEINURIA WITH DIFFUSE CRESCENTIC GLOMERULONEPHRITIS
N068	ISOLATED PROTEINURIA WITH OTHER MORPHOLOGIC LESION
N069	ISOLATED PROTEINURIA WITH UNSPECIFIED MORPHOLOGIC LESION
N070	HEREDITARY NEPHROPATHY, NOT ELSEWHERE CLASSIFIED WITH MINOR GLOMERULAR ABNORMALITY
N071	HEREDITARY NEPHROPATHY, NOT ELSEWHERE CLASSIFIED WITH FOCAL AND SEGMENTAL GLOMERULAR LESIONS
N072	HEREDITARY NEPHROPATHY, NOT ELSEWHERE CLASSIFIED WITH DIFFUSE MEMBRANOUS GLOMERULONEPHRITIS
N073	HEREDITARY NEPHROPATHY, NOT ELSEWHERE CLASSIFIED WITH DIFFUSE MESANGIAL PROLIFERATIVE GLOMERULONEPHRITIS
N074	HEREDITARY NEPHROPATHY, NOT ELSEWHERE CLASSIFIED WITH DIFFUSE ENDOCAPILLARY PROLIFERATIVE GLOMERULONEPHRITIS
N075	HEREDITARY NEPHROPATHY, NOT ELSEWHERE CLASSIFIED WITH DIFFUSE MESANGIOCAPILLARY GLOMERULONEPHRITIS
N076	HEREDITARY NEPHROPATHY, NOT ELSEWHERE CLASSIFIED WITH DENSE DEPOSIT DISEASE
N077	HEREDITARY NEPHROPATHY, NOT ELSEWHERE CLASSIFIED WITH DIFFUSE CRESCENTIC GLOMERULONEPHRITIS
N078	HEREDITARY NEPHROPATHY, NOT ELSEWHERE CLASSIFIED WITH OTHER MORPHOLOGIC LESIONS
N079	HEREDITARY NEPHROPATHY, NOT ELSEWHERE CLASSIFIED WITH UNSPECIFIED MORPHOLOGIC LESIONS
N08	GLOMERULAR DISORDERS IN DISEASES CLASSIFIED ELSEWHERE
N140	ANALGESIC NEPHROPATHY
N141	NEPHROPATHY INDUCED BY OTHER DRUGS, MEDICAMENTS AND BIOLOGICAL SUBSTANCES
N142	NEPHROPATHY INDUCED BY UNSPECIFIED DRUG, MEDICAMENT OR BIOLOGICAL SUBSTANCE
N143	NEPHROPATHY INDUCED BY HEAVY METALS

<b>Step 1 (diagnosis of renal or hepatic impairment)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
N144	TOXIC NEPHROPATHY, NOT ELSEWHERE CLASSIFIED
N150	BALKAN NEPHROPATHY
N158	OTHER SPECIFIED RENAL TUBULO-INTERSTITIAL DISEASES
N159	RENAL TUBULO-INTERSTITIAL DISEASE, UNSPECIFIED
N16	RENAL TUBULO-INTERSTITIAL DISORDERS IN DISEASES CLASSIFIED ELSEWHERE
N170	ACUTE KIDNEY FAILURE WITH TUBULAR NECROSIS
N171	ACUTE KIDNEY FAILURE WITH ACUTE CORTICAL NECROSIS
N172	ACUTE KIDNEY FAILURE WITH MEDULLARY NECROSIS
N178	OTHER ACUTE KIDNEY FAILURE
N179	ACUTE KIDNEY FAILURE, UNSPECIFIED
N181	CHRONIC KIDNEY DISEASE, STAGE 1
N182	CHRONIC KIDNEY DISEASE, STAGE 2 (MILD)
N183	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)
N184	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)
N185	CHRONIC KIDNEY DISEASE, STAGE 5
N186	END STAGE RENAL DISEASE
N189	CHRONIC KIDNEY DISEASE, UNSPECIFIED
N19	UNSPECIFIED KIDNEY FAILURE
N250	RENAL OSTEODYSTROPHY
N251	NEPHROGENIC DIABETES INSIPIDUS
N2581	SECONDARY HYPERPARATHYROIDISM OF RENAL ORIGIN
N2589	OTHER DISORDERS RESULTING FROM IMPAIRED RENAL TUBULAR FUNCTION
N259	DISORDER RESULTING FROM IMPAIRED RENAL TUBULAR FUNCTION, UNSPECIFIED
N261	ATROPHY OF KIDNEY (TERMINAL)
N269	RENAL SCLEROSIS, UNSPECIFIED
N289	DISORDER OF KIDNEY AND URETER, UNSPECIFIED
N29	OTHER DISORDERS OF KIDNEY AND URETER IN DISEASES CLASSIFIED ELSEWHERE
O10411	PRE-EXISTING SECONDARY HYPERTENSION COMPLICATING PREGNANCY, FIRST TRIMESTER
O10412	PRE-EXISTING SECONDARY HYPERTENSION COMPLICATING PREGNANCY, SECOND TRIMESTER
O10413	PRE-EXISTING SECONDARY HYPERTENSION COMPLICATING PREGNANCY, THIRD TRIMESTER
O10419	PRE-EXISTING SECONDARY HYPERTENSION COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER

<b>Step 1 (diagnosis of renal or hepatic impairment)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O1042	PRE-EXISTING SECONDARY HYPERTENSION COMPLICATING CHILDBIRTH
O1043	PRE-EXISTING SECONDARY HYPERTENSION COMPLICATING THE PUERPERIUM

<b>Step 2 (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)</b>	
<b>Number of claims: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Description</b>	<b>GCN</b>
APTIVUS 250MG CAPSULE	24906
BIAXIN 250 MG TABLET	48852
BIAXIN 250 MG/5 ML SUSPENSION	11671
BIAXIN 500 MG TABLET	48851
CLARITHROMYCIN 125 MG/5 ML SUS	11670
CLARITHROMYCIN 250 MG TABLET	48852
CLARITHROMYCIN 250 MG/5 ML SUS	11671
CLARITHROMYCIN 500 MG TABLET	48851
CLARITHROMYCIN ER 500 MG TAB	48850
CRIXIVAN 200 MG CAPSULE	26820
CRIXIVAN 400 MG CAPSULE	26822
CYCLOSPORINE 100 MG CAPSULE	13910
CYCLOSPORINE 100 MG/ML SOLN	13917
CYCLOSPORINE 25 MG CAPSULE	13911
CYCLOSPORINE MODIFIED 100 MG	13919
CYCLOSPORINE MODIFIED 25 MG	13918
CYCLOSPORINE MODIFIED 50 MG	13916
GENGRAF 100MG CAPSULE	13919
GENGRAF 100MG/ML SOLUTION	13917
GENGRAF 25MG CAPSULE	13918
INVIRASE 200 MG CAPSULE	26760
INVIRASE 500 MG TABLET	23952
ITRACONAZOLE 100 MG CAPSULE	49101
KALETRA 100-25 MG TABLET	99101
KALETRA 200-50 MG TABLET	25919

**Step 2 (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)**

**Number of claims: 1**

**Look back timeframe: 30 days**

<b>Description</b>	<b>GCN</b>
KALETRA 400-100/5 ML ORAL SOLU	31782
KETEK 300 MG TABLET	25905
KETEK 400 MG TABLET	15175
KETOCONAZOLE 200 MG TABLET	42590
LANSOPRAZOL-AMOXICIL-CLARITHRO	64269
NEFAZODONE 100MG TABLET	16406
NEFAZODONE 150MG TABLET	16407
NEFAZODONE 200MG TABLET	16408
NEFAZODONE 250MG TABLET	16409
NEFAZODONE 50MG TABLET	16404
NEORAL 100MG GELATIN CAPSULE	13919
NEORAL 100MG/ML SOLUTION	13917
NEORAL 25MG GELATIN CAPSULE	13918
NORVIR 100 MG SOFTGEL CAP	26812
NORVIR 100 MG TABLET	28224
NORVIR 80 MG/ML SOLUTION	26810
PREVPAC PATIENT PACK	64269
PREZCOBIX 800-150MG TABLET	37367
PREZISTA 100MG/ML SUSPENSION	31201
PREZISTA 150MG TABLET	23489
PREZISTA 600MG TABLET	99434
PREZISTA 75MG TABLET	16759
PREZISTA 800MG TABLET	33723
RANEXA ER 1000MG TABLET	98733
RANEXA ER 500MG TABLET	26459
REYATAZ 150MG CAPSULE	19952
REYATAZ 200MG CAPSULE	19953
REYATAZ 300MG CAPSULE	37430
REYATAZ 50MG POWDER PACK	36647
SANDIMMUNE 100MG CAPSULE	13910
SANDIMMUNE 100MG/ML SOLN	08220
SANDIMMUNE 25MG CAPSULE	13911
SPORANOX 10 MG/ML SOLUTION	49100

**Step 2 (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)**

**Number of claims: 1**

**Look back timeframe: 30 days**

<b>Description</b>	<b>GCN</b>
SPORANOX 100 MG CAPSULE	49101
VICTRELIS 200 MG CAPSULE	29941
VIEKIRA PAK	37614
VIRACEPT 250 MG TABLET	40312
VIRACEPT 625 MG TABLET	19717



## Colcrys (Colchicine) Tablets

### Clinical Criteria References

1. Colcrys Prescribing Information. Deerfield, IL. Takeda Pharmaceuticals America, Inc. December 2015.
2. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2015. Available at [www.clinicalpharmacology.com](http://www.clinicalpharmacology.com). Accessed on March 4, 2016.
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4. Colchicine and Other Drugs for Gout. The Medical Letter on Drugs and Therapeutics 2009; 93.
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## 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.

Publication Date	Notes
06/05/2012	Initial publication and posting to website
04/03/2015	Updated to include ICD-10s
02/29/2016	Reviewed and updated drug interaction table (Table 2)
05/20/2016	Updated references, page 17
03/26/2019	Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit <a href="http://TxVendorDrug.com/formulary/formulary-search">TxVendorDrug.com/formulary/formulary-search</a> .) on each 'Drug Requiring PA' table