



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	January 23, 2012 March 16, 2012, April 17, 2012

COLCRYS® (colchicine)

LENGTH OF AUTHORIZATION: Maximum of 6 months approval

REVIEW CRITERIA:

- Patient must ≥ 4 years of age.
- If patient has a diagnosis of Familial Mediterranean Fever, (FMF) then approve and verify dose.
- For initiation of colchicine treatment for gout:
 - Must have trial and failure of at least 14 days of non-steroidal anti-inflammatory drug, (NSAIDs) therapy (naproxen, ibuprofen, diclofenac, meloxicam, indomethacin, celecoxib) while on urate lowering therapy (allopurinol, probenecid, febuxostat); **-OR-**
 - Must have a history of GI bleeding or comorbidities that would not allow trial of NSAIDs.
- For continuation of colchicine treatment for gout:
 - 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:

- **Gout Flares:**
 - **Prophylaxis of Gout Flares:** 0.6 mg once or twice daily in adults and adolescents older than 16 years of age. Maximum dose 1.2 mg/day.
 - **Treatment of Gout Flares:** 1.2 mg (2 tablets) at the first sign of a gout flare followed by 0.6 mg (1 tablet) one hour later.
- **FMF:**
 - Adults and Children older than 12 years 1.2 – 2.4 mg; Children 6 to 12 years 0.9 – 1.8 mg; Children 4 to 6 years 0.3 – 1.8 mg.
 - Give total daily dose in one or two divided doses.
 - Increase or decrease the dose as indicated and as tolerated in increments of 0.3 mg/day, not to exceed the maximum recommended daily dose.