



LIBRARY OF PRIOR AUTHORIZATION GUIDELINES

COLCHICINE (INTERIM)

| Generic    | Brand    | HICL | GCN   | Exception/Other |
|------------|----------|------|-------|-----------------|
| COLCHICINE | GLOPERBA |      | 45974 |                 |

**GUIDELINES FOR USE**

1. Is the requested medication being used for the prophylaxis of gout flares **AND** the patient meets the following criterion?

- The patient is 18 years of age or older

If yes, **approve for 12 months by GPID with a quantity limit of 10mL per day.**

If no, do not approve.

**DENIAL TEXT:** The guideline named **COLCHICINE (Gloperba)** requires the requested medication is being used for the prophylaxis of gout flares. In addition, the patient must meet the following:

- The patient is 18 years of age or older

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**RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for Gloperba.

**REFERENCES**

Gloperba. [Prescribing Information]. Alpharetta, GA: Avion Pharmaceuticals, LLC; August 2019.

| Library | Commercial | NSA |
|---------|------------|-----|
| Yes     | Yes        | No  |

Part D Effective: N/A

Commercial Effective: 11/9/19

Created: 11/19

Client Approval: 1/20

P&T Approval: 1/20