

Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

Colchicine Agents

Clinical Criteria Information included in this Document

Colcrys and Mitigare (Colchicine)

- [Drugs requiring prior authorization](#): the list of drugs requiring prior authorization for this clinical criterion
- [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); provided when applicable
- [References](#): clinical publications and sources relevant to this clinical criterion

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

Lodoco (Colchicine)

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Revision Notes

Annual review by staff

Updated references

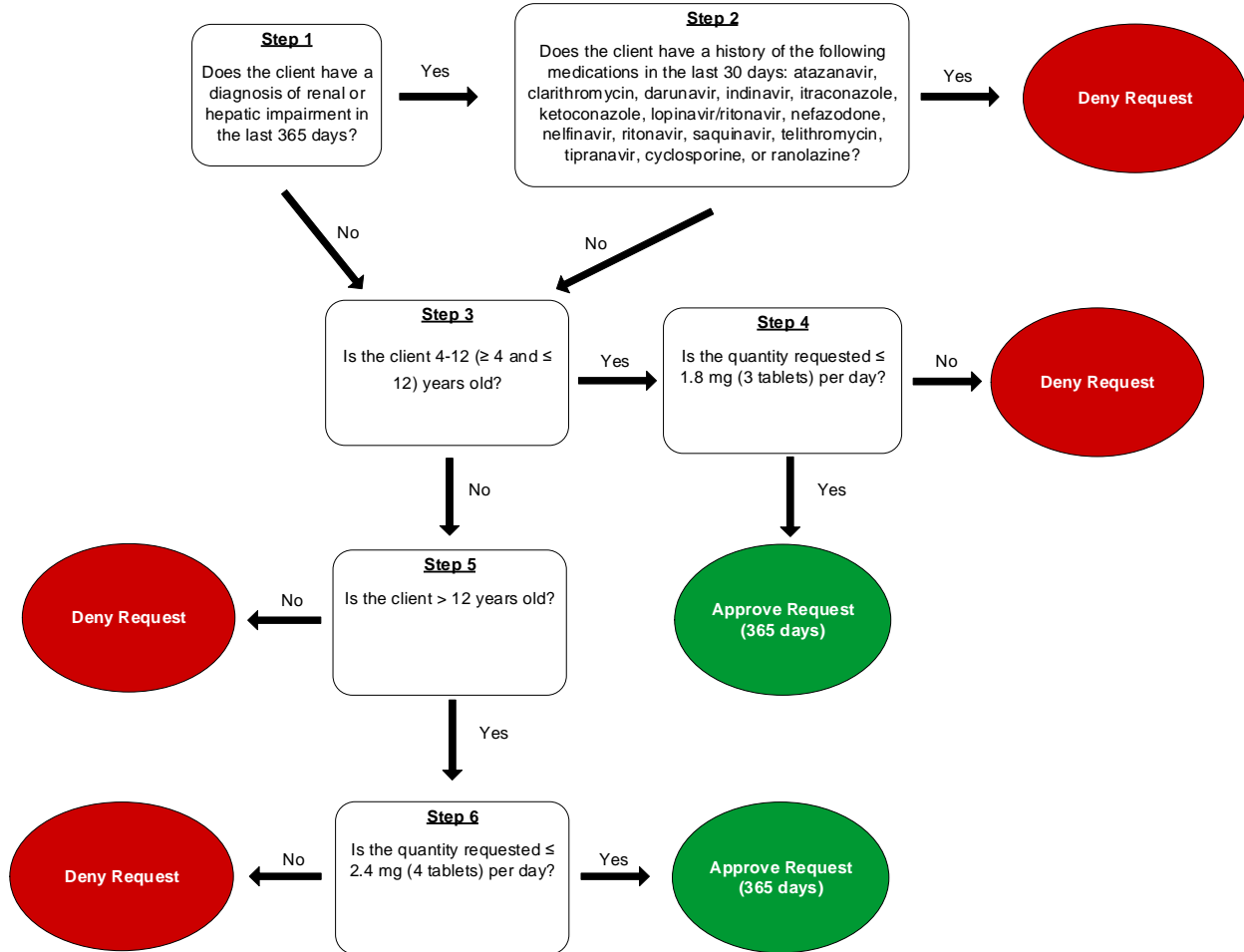
**Colcris and Mitigare (Colchicine)****Drugs Requiring Prior Authorization**

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
COLCHICINE 0.6 MG CAPSULE	37202
COLCHICINE 0.6 MG TABLET	35674
COLCRYS 0.6 MG TABLET	35674
MITIGARE 0.6 MG CAPSULE	37202

**Colcrys and Mitigare (Colchicine)****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 (≥ 4 and ≤ 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

**Colcris and Mitigare (Colchicine)****Clinical Criteria Logic Diagram**



Colcris and Mitigare (Colchicine)

Clinical Criteria Supporting Tables

Table 1 (diagnosis of renal or hepatic impairment) Required diagnosis: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
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

Table 1 (diagnosis of renal or hepatic impairment) Required diagnosis: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
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
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

Table 1 (diagnosis of renal or hepatic impairment) Required diagnosis: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
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	ABSCCESS 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
K764	PELIOSIS HEPATIS
K765	HEPATIC VENO-OCCLUSIVE DISEASE
K766	PORTAL HYPERTENSION

Table 1 (diagnosis of renal or hepatic impairment) Required diagnosis: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
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

Table 1 (diagnosis of renal or hepatic impairment) Required diagnosis: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
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
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

Table 1 (diagnosis of renal or hepatic impairment) Required diagnosis: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
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
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

Table 1 (diagnosis of renal or hepatic impairment) Required diagnosis: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
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

Table 1 (diagnosis of renal or hepatic impairment) Required diagnosis: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
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

Table 1 (diagnosis of renal or hepatic impairment) Required diagnosis: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
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
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)

Table 1 (diagnosis of renal or hepatic impairment) Required diagnosis: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
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
O1042	PRE-EXISTING SECONDARY HYPERTENSION COMPLICATING CHILDBIRTH

Table 1 (diagnosis of renal or hepatic impairment) Required diagnosis: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
O1043	PRE-EXISTING SECONDARY HYPERTENSION COMPLICATING THE PUERPERIUM

Table 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) Required claims: 1 Look back timeframe: 30 days	
GCN	Label Name
24906	APTIVUS 250MG CAPSULE
19952	ATAZANAVIR SULFATE 150MG CAP
19953	ATAZANAVIR SULFATE 200MG CAP
97430	ATAZANAVIR SULFATE 300 MG CAP
11670	CLARITHROMYCIN 125 MG/5 ML SUS
48852	CLARITHROMYCIN 250 MG TABLET
11671	CLARITHROMYCIN 250 MG/5 ML SUS
48851	CLARITHROMYCIN 500 MG TABLET
48850	CLARITHROMYCIN ER 500 MG TAB
26820	CRIVAN 200 MG CAPSULE
26822	CRIVAN 400 MG CAPSULE
13910	CYCLOSPORINE 100 MG CAPSULE
13917	CYCLOSPORINE 100 MG/ML SOLN
13911	CYCLOSPORINE 25 MG CAPSULE
13919	CYCLOSPORINE MODIFIED 100 MG
13918	CYCLOSPORINE MODIFIED 25 MG

Table 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)

Required claims: 1

Look back timeframe: 30 days

GCN	Label Name
13916	CYCLOSPORINE MODIFIED 50 MG
37797	EVOTAZ 300 MG-150 MG TABLET
13919	GENGRAF 100MG CAPSULE
13917	GENGRAF 100MG/ML SOLUTION
13918	GENGRAF 25MG CAPSULE
26760	INVIRASE 200 MG CAPSULE
23952	INVIRASE 500 MG TABLET
49101	ITRACONAZOLE 100 MG CAPSULE
49100	ITRACONAZOLE 10 MG/ML SOLUTION
99101	KALETRA 100-25 MG TABLET
25919	KALETRA 200-50 MG TABLET
31782	KALETRA 400-100/5 ML ORAL SOLU
42590	KETOCONAZOLE 200 MG TABLET
64269	LANSOPRAZOL-AMOXICIL-CLARITHRO
31782	LOPINAVIR-RITONAVIR 80-20 MG/ML
25919	LOPINAVIR-RITONAVIR 200-50 MG TAB
99101	LOPINAVIR-RITONAVIR 100-25 MG TAB
16406	NEFAZODONE 100MG TABLET
16407	NEFAZODONE 150MG TABLET
16408	NEFAZODONE 200MG TABLET
16409	NEFAZODONE 250MG TABLET
16404	NEFAZODONE 50MG TABLET

Table 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)

Required claims: 1

Look back timeframe: 30 days

GCN	Label Name
13919	NEORAL 100MG GELATIN CAPSULE
13917	NEORAL 100MG/ML SOLUTION
13918	NEORAL 25MG GELATIN CAPSULE
40309	NORVIR 100 MG POWDER PACKET
28224	NORVIR 100 MG TABLET
26810	NORVIR 80 MG/ML SOLUTION
32137	OMECLAMOX-PAK COMBO PACK
64269	PREVPAC PATIENT PACK
37367	PREZCOBIX 800-150MG TABLET
31201	PREZISTA 100MG/ML SUSPENSION
23489	PREZISTA 150MG TABLET
99434	PREZISTA 600MG TABLET
16759	PREZISTA 75MG TABLET
33723	PREZISTA 800MG TABLET
98733	RANEXA ER 1000MG TABLET
26459	RANEXA ER 500MG TABLET
19952	REYATAZ 150MG CAPSULE
19953	REYATAZ 200MG CAPSULE
97430	REYATAZ 300MG CAPSULE
36647	REYATAZ 50MG POWDER PACK
28224	RITONAVIR 100 MG TABLET
13910	SANDIMMUNE 100MG CAPSULE

Table 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)

Required claims: 1

Look back timeframe: 30 days

GCN	Label Name
08220	SANDIMMUNE 100MG/ML SOLN
13911	SANDIMMUNE 25MG CAPSULE
49100	SPORANOX 10 MG/ML SOLUTION
49101	SPORANOX 100 MG CAPSULE
43968	SYMTUZA 800-150-200-100 MG TAB
45848	TOLSURA 65 MG CAPSULE
29941	VICTRELIS 200 MG CAPSULE
37614	VIEKIRA PAK
40312	VIRACEPT 250 MG TABLET
19717	VIRACEPT 625 MG TABLET

**Lodoco (Colchicine)****Drugs Requiring Prior Authorization**

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Drugs Requiring Prior Authorization	
Label Name	GCN
LODOCO 0.5 MG TABLET	54457

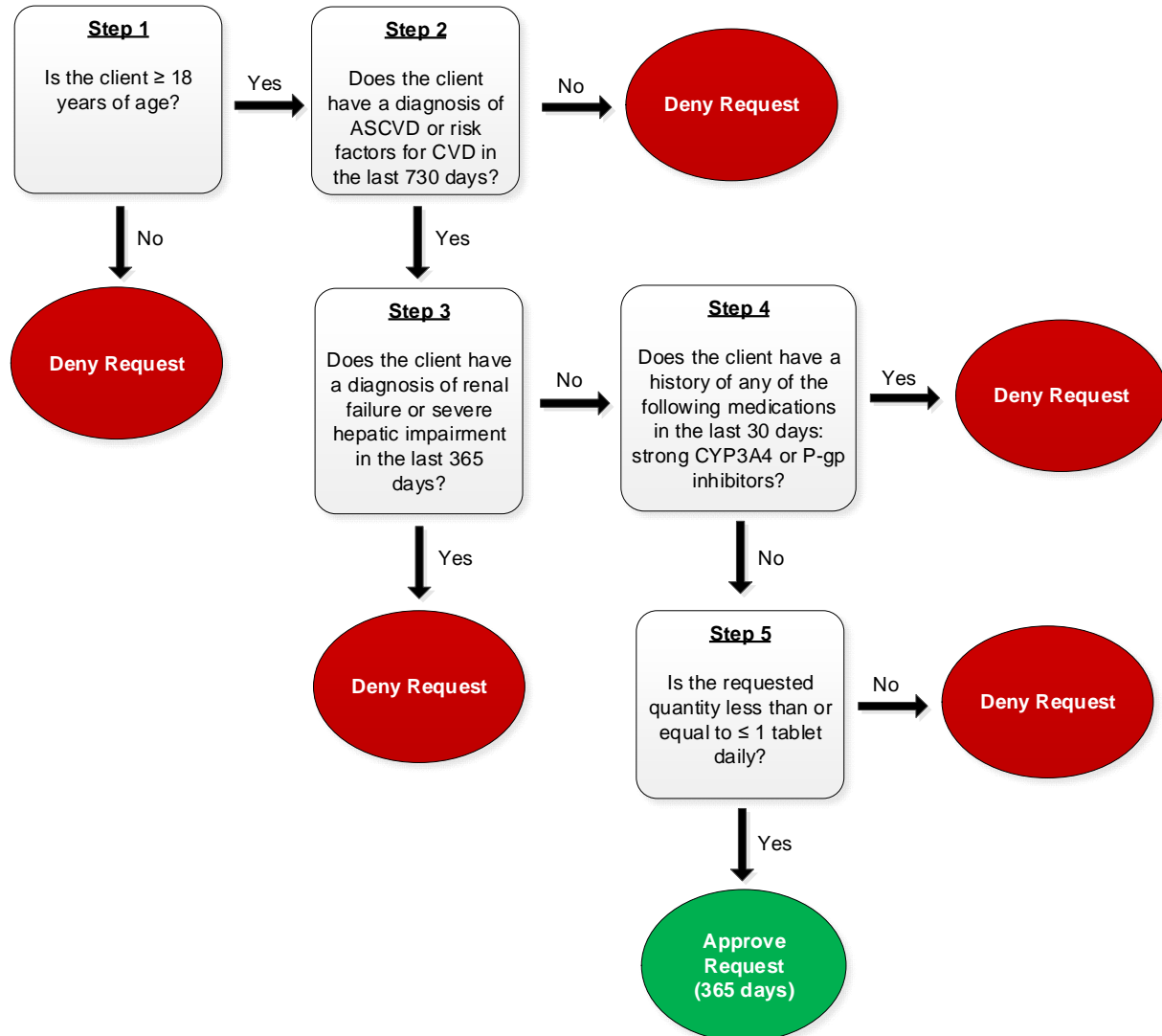
**Lodoco (Colchicine)****Clinical Criteria Logic**

1. Is the client greater than or equal to (\geq) 18 years of age?
☐ Yes – Go to #2
☐ No – Deny
2. Does the client have a [diagnosis of ASCVD or risk factors for cardiovascular disease](#) in the last 730 days?
☐ Yes – Go to #3
☐ No – Deny
3. Does the client have a [diagnosis of renal failure or severe hepatic impairment](#) in the last 365 days?
☐ Yes – Deny
☐ No – Go to #4
4. Does the client have a history of any of the following medications in the last 30 days:
[strong CYP3A4 or P-gp inhibitors](#)?
☐ Yes – Deny
☐ No – Go to #5
5. Is the requested quantity less than or equal to (\leq) 1 tablet daily?
☐ Yes – Approve (365 days)
☐ No – Deny



Lodoco (Colchicine)

Clinical Criteria Logic Diagram





Lodoco (Colchicine)

Clinical Criteria Supporting Tables

Table 2 (diagnosis of ASCVD or risk factors for CVD) Required diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
E7801	FAMILIAL HYPERCHOLESTEROLEMIA
E782	MIXED HYPERLIPIDEMIA
E785	HYPERLIPIDEMIA, UNSPECIFIED
I10	ESSENTIAL (PRIMARY) HYPERTENSION
I2101	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING LEFT MAIN CORONARY ARTERY
I2102	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING LEFT ANTERIOR DESCENDING CORONARY ARTERY
I2109	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING OTHER CORONARY ARTERY OF ANTERIOR WALL
I2111	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING RIGHT CORONARY ARTERY
I2119	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING OTHER CORONARY ARTERY OF INFERIOR WALL
I2121	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING LEFT CIRCUMFLEX CORONARY ARTERY
I2129	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING OTHER SITES
I213	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF UNSPECIFIED SITE
I214	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION
I240	ACUTE CORONARY THROMBOSIS NOT RESULTING IN MYOCARDIAL INFARCTION
I248	OTHER FORMS OF ACUTE ISCHEMIC HEART DISEASE
I70201	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, RIGHT LEG

Table 2 (diagnosis of ASCVD or risk factors for CVD) Required diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
I70202	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, LEFT LEG
I70203	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, BILATERAL LEGS
I70208	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, OTHER EXTREMITY
I70209	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, UNSPECIFIED EXTREMITY
I70211	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, RIGHT LEG
I70212	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, LEFT LEG
I70213	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, BILATERAL LEGS
I70218	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, OTHER EXTREMITY
I70219	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, UNSPECIFIED EXTREMITY
I70221	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, RIGHT LEG
I70222	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, LEFT LEG
I70223	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, BILATERAL LEGS
I70228	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, OTHER EXTREMITY
I70229	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, UNSPECIFIED EXTREMITY
I70231	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF THIGH

Table 2 (diagnosis of ASCVD or risk factors for CVD) Required diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
I70232	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF CALF
I70233	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF ANKLE
I70234	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF HEEL AND MIDFOOT
I70235	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF OTHER PART OF FOOT
I70238	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF OTHER PART OF LOWER RIGHT LEG
I70239	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF UNSPECIFIED SITE
I70241	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF THIGH
I70242	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF CALF
I70243	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF ANKLE
I70244	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF HEEL AND MIDFOOT
I70245	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF OTHER PART OF FOOT
I70248	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF OTHER PART OF LOWER LEFT LEG
I70249	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF UNSPECIFIED SITE
I7025	ATHEROSCLEROSIS OF NATIVE ARTERIES OF OTHER EXTREMITIES WITH ULCERATION
I70261	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, RIGHT LEG

Table 2 (diagnosis of ASCVD or risk factors for CVD) Required diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
I70262	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, LEFT LEG
I70263	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, BILATERAL LEGS
I70268	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, OTHER EXTREMITY
I70269	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, UNSPECIFIED EXTREMITY
I70291	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, RIGHT LEG
I70292	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, LEFT LEG
I70293	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, BILATERAL LEGS
I70298	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, OTHER EXTREMITY
I70299	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, UNSPECIFIED EXTREMITY

Table 3 (diagnosis of renal failure or severe hepatic impairment) Required diagnosis: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
B251	CYTOMEGALOVIRAL HEPATITIS
K700	ALCOHOLIC FATTY LIVER
K7010	ALCOHOLIC HEPATITIS WITHOUT ASCITES
K7011	ALCOHOLIC HEPATITIS WITH ASCITES
K702	ALCOHOLIC FIBROSIS AND SCLEROSIS OF LIVER

Table 3 (diagnosis of renal failure or severe hepatic impairment) Required diagnosis: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
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
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

Table 3 (diagnosis of renal failure or severe hepatic impairment) Required diagnosis: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
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	ABSCCESS 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

Table 3 (diagnosis of renal failure or severe hepatic impairment) Required diagnosis: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
K762	CENTRAL HEMORRHAGIC NECROSIS OF LIVER
K763	INFARCTION OF LIVER
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
N186	END STAGE RENAL DISEASE

Table 4 (history of a strong CYP3A4 or P-gp inhibitors) Required claims: 1 Look back timeframe: 30 days	
GCN	Label Name
19952	ATAZANAVIR SULFATE 150MG CAP
19953	ATAZANAVIR SULFATE 200MG CAP
97430	ATAZANAVIR SULFATE 300MG CAP
11670	CLARITHROMYCIN 125 MG/5 ML SUS

Table 4 (history of a strong CYP3A4 or P-gp inhibitors) Required claims: 1 Look back timeframe: 30 days	
GCN	Label Name
48852	CLARITHROMYCIN 250 MG TABLET
11671	CLARITHROMYCIN 250 MG/5 ML SUS
48851	CLARITHROMYCIN 500 MG TABLET
48850	CLARITHROMYCIN ER 500 MG TAB
13910	CYCLOSPORINE 100 MG CAPSULE
13917	CYCLOSPORINE 100 MG/ML SOLN
13911	CYCLOSPORINE 25 MG CAPSULE
13919	CYCLOSPORINE MODIFIED 100 MG
13918	CYCLOSPORINE MODIFIED 25 MG
13916	CYCLOSPORINE MODIFIED 50 MG
99434	DARUNAVIR 600MG TABLET
33723	DARUNAVIR 800MG TABLET
37797	EVOTAZ 300MG-150MG TABLET
13919	GENGRAF 100MG CAPSULE
13917	GENGRAF 100MG/ML SOLUTION
13918	GENGRAF 25MG CAPSULE
40092	GENVOYA TABLET
49101	ITRACONAZOLE 100 MG CAPSULE
49100	ITRACONAZOLE 10MG/ML SOLUTION
99101	KALETRA 100-25 MG TABLET
25919	KALETRA 200-50 MG TABLET
31782	KALETRA 400-100/5 ML ORAL SOLU
42590	KETOCONAZOLE 200 MG TABLET

Table 4 (history of a strong CYP3A4 or P-gp inhibitors) Required claims: 1 Look back timeframe: 30 days	
GCN	Label Name
31485	KORLYM 300MG TABLET
53379	KRAZATI 200 MG TABLET
64269	LANSOPRAZOL-AMOXICIL-CLARITHRO
99101	LOPINAVIR-RITONAVIR 100-25MG TAB
25919	LOPINAVIR-RITONAVIR 200-50MG TAB
31782	LOPINAVIR-RITONAVIR 80-20MG/ML
16406	NEFAZODONE 100MG TABLET
16407	NEFAZODONE 150MG TABLET
16408	NEFAZODONE 200MG TABLET
16409	NEFAZODONE 250MG TABLET
16404	NEFAZODONE 50MG TABLET
13919	NEORAL 100MG GELATIN CAPSULE
13917	NEORAL 100MG/ML SOLUTION
13918	NEORAL 25MG GELATIN CAPSULE
49744	NOXAFIL 300MG POWDERMIX SUSP
26502	NOXAFIL 40MG/ML SUSPENSION
35649	NOXAFIL DR 100MG TABLET
29290	NUEDEXTA 20-10 MG CAPSULE
32137	OMECLAMOX-PAK COMBO PACK
52199	PAXLOVID 150-100 MG PACK (EUA)
51742	PAXLOVID 300-100 MG PACK (EUA)
26502	POSACONAZOLE 200MG/5ML SUSP
35649	POSACONAZOLE DR 100MG TABLET

Table 4 (history of a strong CYP3A4 or P-gp inhibitors) Required claims: 1 Look back timeframe: 30 days	
GCN	Label Name
37367	PREZCOBIX 800-150MG TABLET
31201	PREZISTA 100MG/ML SUSPENSION
23489	PREZISTA 150MG TABLET
99434	PREZISTA 600MG TABLET
16759	PREZISTA 75MG TABLET
33723	PREZISTA 800MG TABLET
01011	QUINIDINE GLUC ER 324 MG TABLET
01053	QUINIDINE SULFATE 200 MG TABLET
01055	QUINIDINE SULFATE 300 MG TABLET
98733	RANOLAZINE ER 1,000 MG TABLET
26459	RANOLAZINE ER 500 MG TABLET
51757	RECORLEV 150MG TABLET
19953	REYATAZ 200MG CAPSULE
97430	REYATAZ 300MG CAPSULE
36647	REYATAZ 50MG POWDER PACK
28224	RITONAVIR 100MG TABLET
13910	SANDIMMUNE 100MG CAPSULE
08220	SANDIMMUNE 100MG/ML SOLN
13911	SANDIMMUNE 25MG CAPSULE
49100	SPORANOX 10 MG/ML SOLUTION
49101	SPORANOX 100 MG CAPSULE
43968	SYMTUZA 800-150-200-10MG TAB
45848	TOLSURA 65MG CAPSULE

Table 4 (history of a strong CYP3A4 or P-gp inhibitors) Required claims: 1 Look back timeframe: 30 days	
GCN	Label Name
32112	TRANDOLAPR-VERAPAM ER 1-240 MG
32111	TRANDOLAPR-VERAPAM ER 2-180 MG
32113	TRANDOLAPR-VERAPAM ER 2-240 MG
32114	TRANDOLAPR-VERAPAM ER 4-240 MG
47931	TUKYSA 150MG TABLET
47929	TUKYSA 50MG TABLET
36468	TYBOST 150MG TABLET
02341	VERAPAMIL 120 MG TABLET
03004	VERAPAMIL 360 MG CAP PELLET
47110	VERAPAMIL 40 MG TABLET
02342	VERAPAMIL 80 MG TABLET
03003	VERAPAMIL ER 120 MG CAPSULE
32472	VERAPAMIL ER 120 MG TABLET
03001	VERAPAMIL ER 180 MG CAPSULE
32471	VERAPAMIL ER 180 MG TABLET
03002	VERAPAMIL ER 240 MG CAPSULE
32470	VERAPAMIL ER 240 MG TABLET
94122	VERAPAMIL ER PM 100 MG CAPSULE
94123	VERAPAMIL ER PM 200 MG CAPSULE
94124	VERAPAMIL ER PM 300 MG CAPSULE
94122	VERELAN PM 100 MG CAP PELLET
94123	VERELAN PM 200 MG CAP PELLET
94124	VERELAN PM 300 MG CAP PELLET

Table 4 (history of a strong CYP3A4 or P-gp inhibitors) Required claims: 1 Look back timeframe: 30 days	
GCN	Label Name
17498	VFEND 200MG TABLET
21513	VFEND 40MG/ML SUSPENSION
17497	VFEND 50MG TABLET
17499	VFEND IV 200 MG VIAL
40312	VIRACEPT 250 MG TABLET
19717	VIRACEPT 625 MG TABLET
17498	VORICONAZOLE 200MG TABLET
21513	VORICONAZOLE 40MG/ML
17497	VORICONAZOLE 50MG TABLET
48901	ZOKINVY 50MG CAPSULE
48902	ZOKINVY 75MG CAPSULE
36884	ZYDELIG 100 MG TABLET
36885	ZYDELIG 150MG TABLET
46119	ZYKADIA 150MG TABLET



Colchicine Agents

Clinical Criteria References

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Colchicine Agents

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	<ul style="list-style-type: none"> Initial publication and posting to website
04/03/2015	<ul style="list-style-type: none"> Updated to include ICD-10s
02/29/2016	<ul style="list-style-type: none"> Reviewed and updated drug interaction table (Table 2)
05/20/2016	<ul style="list-style-type: none"> Updated references, page 17
03/26/2019	<ul style="list-style-type: none"> 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.) on each 'Drug Requiring PA' table
02/17/2021	<ul style="list-style-type: none"> Annual review by staff Renamed guide to Colchicine Agents (formerly Colcrys Tablets) Added GCNs for Gloperba (45974) and Mitigare (37202) to drug table Updated Table 2 Updated references
05/23/2022	<ul style="list-style-type: none"> Annual review by staff Added GCNs for Evotaz (37797), itraconazole solution (49100), lopinavir-ritonavir (31782, 25919, 99101), Norvir (40309), ritonavir (28224), Symtuza (43968) and Tolsura (45848) Updated references
08/15/2023	<ul style="list-style-type: none"> Annual review by staff Removed GCN for Gloperba (45974) from PA table – drug has been discontinued Added GCNs for colchicine (37202, 35674) to PA table Updated references
01/26/2024	<ul style="list-style-type: none"> Added criteria for Lodoco as approved by the DUR Board
01/24/2025	<ul style="list-style-type: none"> Annual review by staff Updated references