

**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



Colcrys 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 |

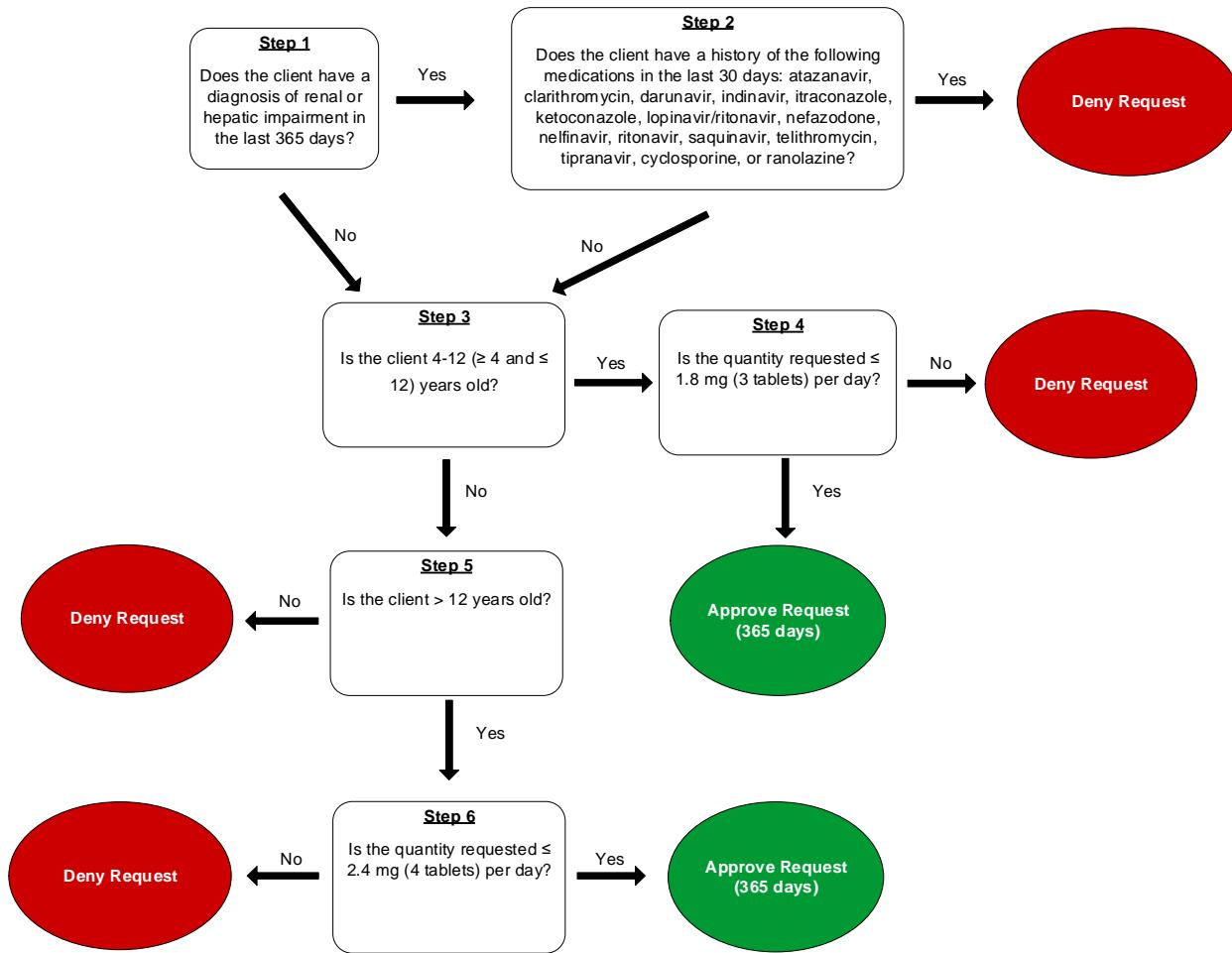
**Colcrys and Mitigare (Colchicine)****Clinical Criteria Logic**

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

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Colcrys and Mitigare (Colchicine)

Clinical Criteria Logic Diagram





Colcrys 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 MESANGIOPROLIFERATIVE 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 MESANGIOPROLIFERATIVE 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 MESANGIOPROLIFERATIVE 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 MESANGIOPROLIFERATIVE 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 MESANGIOPROLIFERATIVE 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 | CRIVIXAN 200 MG CAPSULE |
| 26822 | CRIVIXAN 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

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 |
| LODOCO 0.5 MG TABLET | 54457 |



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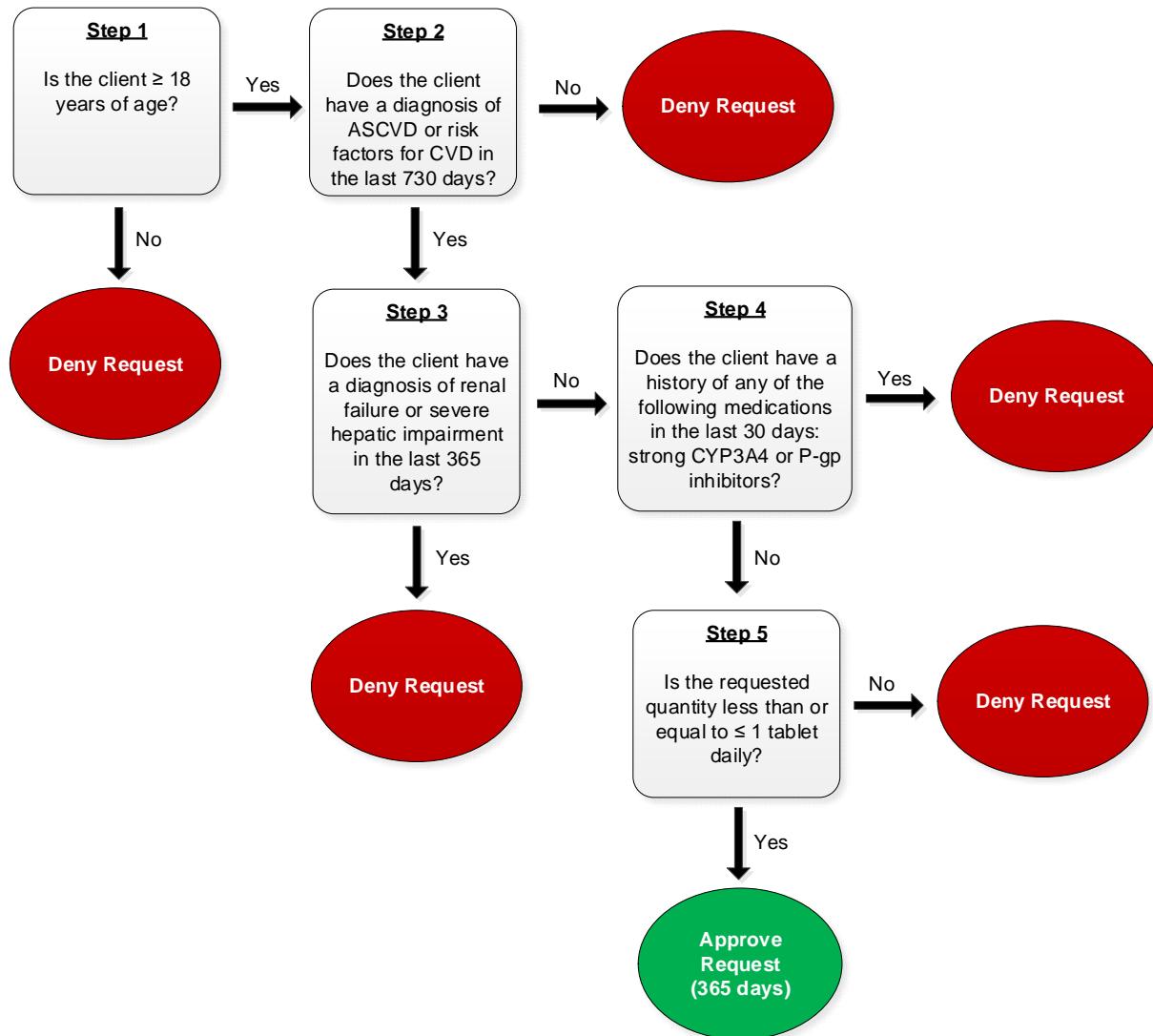
Clinical Criteria Logic

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

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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 |