



**GEORGIA MEDICAID FEE-FOR-SERVICE
ANTIHYPERURICEMICS PA SUMMARY**

Preferred	Non-Preferred
Allopurinol generic Colchicine capsules generic Mitigare (colchicine capsules) Probenecid generic Probenecid/colchicine generic	Colchicine tablets generic Febuxostat generic Gloperba (colchicine oral solution)

LENGTH OF AUTHORIZATION: Varies

PA CRITERIA:

Colchicine Tablets Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic colchicine capsules and brand Mitigare, are not appropriate for the member.

Gloperba

- ❖ Approvable for members 18 years of age or older with a diagnosis of gout for prophylaxis (prevention) of gout flares when the member is being initiated on antihyperuricemic (urate-lowering) therapy (e.g., allopurinol, febuxostat [Uloric], probenecid, Krystexxa) and the member is unable to swallow solid oral dosage formulations (i.e., capsules) or the member requires dosing that cannot be obtained by the preferred products, generic colchicine capsules and brand Mitigare.

Febuxostat Generic

- ❖ Approvable for members 18 years of age or older with a diagnosis of symptomatic hyperuricemia (serum uric acid level ≥ 6 mg/dL) associated with gout who have experienced ineffectiveness with a maximally tolerated dose of allopurinol after 3 months as well as with probenecid, or have experienced allergies, contraindications, drug-drug interactions or intolerable side effects with allopurinol and probenecid

AND

- ❖ Prescriber must be aware and have informed the member of the potential risk for cardiovascular (CV) death, especially in patients with established cardiovascular disease, the member must be monitored for development of adverse cardiovascular event signs and symptoms and the member must have been informed about the symptoms of serious cardiovascular events and the steps to take if they occur.

QLL PA CRITERIA:

Medication	QLL
Colchicine capsules and tablets generic Mitigare (colchicine capsules)	40 tablets/capsules per 30 days



- ❖ An authorization to exceed the QLL may be approved for the following diagnoses:
 - Gout or gout flare for members being initiated on antihyperuricemic (urate-lowering) therapy.
 - Familial Mediterranean Fever (FMF).

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA AND APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.