



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

Preferred	Non-Preferred
Allopurinol 100 mg generic Colchicine tablets generic Febuxostat generic Mitigare (colchicine capsules) Probenecid generic Probenecid/colchicine generic	Gloperba (colchicine oral solution)

LENGTH OF AUTHORIZATION: Varies

PA CRITERIA:

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 and the member is unable to swallow solid oral dosage formulations (i.e., tablets, capsules) or the member requires dosing that cannot be obtained with the preferred products, generic colchicine tablets and brand Mitigare.

QLL PA CRITERIA:

Medication	QLL
Colchicine 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.