Clinical Policy: Colchicine (Colcrys, Lodoco)

Reference Number: CP.PMN.123
Effective Date: 05.01.11
Last Review Date: 02.24
Line of Business: Commercial, HIM, Medicaid

Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

Colchicine (Colcrys®, Lodoco®) is an alkaloid.

FDA Approved Indication(s)

Colcrys is indicated:

- For the prophylaxis and treatment of gout flares in adults
- For the treatment of familial Mediterranean fever (FMF) in adults and children 4 years or older

Lodoco is indicated to reduce the risk of myocardial infarction (MI), stroke, coronary revascularization, and cardiovascular death in adult patients with established atherosclerotic disease or with multiple risk factors for cardiovascular disease.

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of health plans affiliated with Centene Corporation® that colchicine, Colcrys, and Lodoco are **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Familial Mediterranean Fever (must meet all)**:**

1. Diagnosis of FMF;
2. Request is not for Lodoco;
3. Age ≥ 4 years;
4. Member must use generic colchicine tablets, unless contraindicated or clinically significant adverse effects are experienced;
5. Dose does not exceed both of the following (a and b):
   a. Total dosage of 2.4 mg per day;
   b. Health plan-approved quantity limits.

Approval duration: 12 months

B. Treatment of Acute Gout Attack (must meet all)**:**

1. Diagnosis of acute gout attack;
2. Request is not for Lodoco;
3. Age ≥ 16 years;

4. Member must use generic colchicine tablets, unless contraindicated or clinically significant adverse effects are experienced;
5. Failure of a nonsteroidal anti-inflammatory drug (NSAID) (e.g., naproxen, indomethacin, sulindac) within the last 30 days, unless member has one of the following contraindications (a, b, c, d, or e):
   a. Heart failure or uncontrolled hypertension;
   b. Current use of an anticoagulant (e.g., aspirin, warfarin, low molecular weight heparin, direct thrombin inhibitors, factor Xa inhibitors, clopidogrel);
   c. Active duodenal or gastric ulcer (not gastroesophageal reflux disease [GERD]);
   d. Current use of corticosteroid;
   e. Chronic kidney disease with CrCl < 60 mL/min per 1.73 m^2;
6. Dose does not exceed both of the following (a and b):
   a. Total dosage of 1.8 mg per day for the initial dose followed by 1.2 mg per day thereafter;
   b. Health plan-approved quantity limits.

Approval duration: 2 weeks (no more than 30 tablets)

C. Gout Anti-Inflammatory Prophylaxis (must meet all)**:**
1. Diagnosis of gout;
2. Request is not for Lodoco;
3. Age ≥ 16 years;
4. Member must use generic colchicine tablets, unless contraindicated or clinically significant adverse effects are experienced;
5. Member is currently taking or will be initiating a urate-lowering therapy (e.g., allopurinol, probenecid) within the next 6 months, unless contraindicated or clinically significant adverse effects are experienced;
6. Dose does not exceed both of the following (a and b):
   a. Total dosage of 1.2 mg per day;
   b. Health plan-approved quantity limits.

Approval duration: 6 months

D. Cardiovascular Event Prophylaxis (must meet all)**:**
1. Member meets one of the following (a, b, c, d, or e, *see Appendix D*):
   a. History of myocardial infarction;
   b. History of stroke;
   c. History of coronary revascularization;
   d. Has multiple risk factors for cardiovascular disease;
   e. Diagnosis of stable coronary artery disease;
2. Prescribed by or in consultation with a cardiologist;
3. Age ≥ 18 years;
4. Member must use generic colchicine 0.6 mg tablet, unless contraindicated or clinically significant adverse effects are experienced;
5. Documentation that member has been clinically stable for at least 6 months (*see Appendix D*);

6. Prescriber attestation that member is concurrently receiving standard of care for one of the following (a or b, *see Appendix D*):
   a. Secondary prevention prophylaxis regimen for MI or stroke;
   b. Treatment for stable coronary artery disease;
7. Dose does not exceed 1 tablet per day.

Approval duration: 12 months

E. Pericarditis (off-label) (must meet all)**:**
1. Diagnosis of pericarditis;
2. Request is not for Lodoco;
3. Prescribed by or in consultation with a cardiologist;
4. Member must use generic colchicine tablets, unless contraindicated or clinically significant adverse effects are experienced;
5. Colchicine is prescribed concurrently with an NSAID or glucocorticoid;
6. Dose does not exceed both of the following (a and b):
   a. Total dosage of 1.2 mg per day;
   b. Health plan-approved quantity limits.

Approval duration: 6 months

F. Other diagnoses/indications (must meet 1 or 2):
1. If this drug has recently (within the last 6 months) undergone a label change (e.g., newly approved indication, age expansion, new dosing regimen) that is not yet reflected in this policy, refer to one of the following policies (a or b):
   a. For drugs on the formulary (commercial, health insurance marketplace) or PDL (Medicaid), the no coverage criteria policy for the relevant line of business: CP.CPA.190 for commercial, HIM.PA.33 for health insurance marketplace, and CP.PMN.255 for Medicaid; or
   b. For drugs NOT on the formulary (commercial, health insurance marketplace) or PDL (Medicaid), the non-formulary policy for the relevant line of business: CP.CPA.190 for commercial, HIM.PA.103 for health insurance marketplace, and CP.PMN.16 for Medicaid; or
2. If the requested use (e.g., diagnosis, age, dosing regimen) is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized) AND criterion 1 above does not apply, refer to the off-label use policy for the relevant line of business: CP.CPA.09 for commercial, HIM.PA.154 for health insurance marketplace, and CP.PMN.53 for Medicaid.

II. Continued Therapy

A. Familial Mediterranean Fever (must meet all)**:**
1. Member meets one of the following (a or b):
   a. Currently receiving medication via Centene benefit or member has previously met initial approval criteria;
   b. Member is currently receiving medication and is enrolled in a state and product with continuity of care regulations (*refer to state specific addendums for CC.PHARM.03A and CC.PHARM.03B)*;
2. Request is not for Lodoco;

3. Member is responding positively to therapy as evidenced by, including but not limited to, improvement in any of the following parameters:
   a. Reduction/normalization of C-reactive protein (CRP) or serum amyloid A (SAA) levels;
   b. Reduction of flare frequency, symptom severity, or duration;
4. Member must use generic colchicine tablets, unless contraindicated or clinically significant adverse effects are experienced;
5. Dose does not exceed both of the following (a and b):
   a. Total dosage of 2.4 mg per day;
   b. Health plan-approved quantity limits.

Approval duration: 12 months

B. Treatment of Acute Gout Attack

1. Re-authorization is not permitted. Member must meet the initial approval criteria.

Approval duration: Not applicable

C. Gout Anti-Inflammatory Prophylaxis (must meet all)**:**

1. Member meets one of the following (a or b):
   a. Currently receiving medication via Centene benefit or member has previously met initial approval criteria;
   b. Member is currently receiving medication and is enrolled in a state and product with continuity of care regulations (*refer to state specific addendums for CC.PHARM.03A and CC.PHARM.03B)*;
2. Request is not for Lodoco;
3. Member is responding positively to therapy;
4. Member must use generic colchicine tablets, unless contraindicated or clinically significant adverse effects are experienced;
5. Member is currently taking a urate-lowering therapy (e.g., allopurinol, probenecid) at up to maximally indicated doses, unless contraindicated;
6. Dose does not exceed both of the following (a and b):
   a. Total dosage of 1.2 mg per day;
   b. Health plan-approved quantity limits.

Approval duration: 6 months

D. Cardiovascular Event Prophylaxis (must meet all)**:**

1. Member meets one of the following (a or b):
   a. Currently receiving medication via Centene benefit or member has previously met initial approval criteria;
   b. Member is currently receiving medication and is enrolled in a state and product with continuity of care regulations (*refer to state specific addendums for CC.PHARM.03A and CC.PHARM.03B)*;
2. Member is responding positively to therapy (e.g. *no drug-related adverse events such as myotoxicity, rhabdomyolysis, abdominal pain, acute renal impairment*);
3. Member must use generic colchicine 0.6 mg tablet, unless contraindicated or clinically significant adverse effects are experienced;
4. If request is for a dose increase, new dose does not exceed 1 tablet per day.

Approval duration: 12 months

E. Pericarditis (off-label) (must meet all)**:**
1. Member meets one of the following (a or b):
   a. Currently receiving medication via Centene benefit or member has previously met initial approval criteria;
   b. Member is currently receiving medication and is enrolled in a state and product with continuity of care regulations (*refer to state specific addendums for CC.PHARM.03A and CC.PHARM.03B)*;
2. Request is not for Lodoco;
3. Member is responding positively to therapy;
4. Member must use generic colchicine tablets, unless contraindicated or clinically significant adverse effects are experienced;
5. At least 4 weeks have passed since the last request for colchicine;
6. Colchicine is prescribed concurrently with an NSAID or glucocorticoid;
7. Dose does not exceed both of the following (a and b):
   a. Total dosage of 1.2 mg per day;
   b. Health plan-approved quantity limits.

Approval duration: 6 months

F. Other diagnoses/indications (must meet 1 or 2)**:**
1. If this drug has recently (within the last 6 months) undergone a label change (e.g., newly approved indication, age expansion, new dosing regimen) that is not yet reflected in this policy, refer to one of the following policies (a or b):
   a. For drugs on the formulary (commercial, health insurance marketplace) or PDL (Medicaid), the no coverage criteria policy for the relevant line of business: CP.CPA.190 for commercial, HIM.PA.33 for health insurance marketplace, and CP.PMN.255 for Medicaid; or
   b. For drugs NOT on the formulary (commercial, health insurance marketplace) or PDL (Medicaid), the non-formulary policy for the relevant line of business: CP.CPA.190 for commercial, HIM.PA.103 for health insurance marketplace, and CP.PMN.16 for Medicaid; or
2. If the requested use (e.g., diagnosis, age, dosing regimen) is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized) AND criterion 2 above does not apply, refer to the off-label use policy for the relevant line of business: CP.CPA.09 for commercial, HIM.PA.154 for health insurance marketplace, and CP.PMN.53 for Medicaid.

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policies – CP.CPA.09 for commercial, HIM.PA.154 for health insurance marketplace, and CP.PMN.53 for Medicaid, or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

ACC: American College of Cardiology
AHA: American Heart Association
ASCVD: atherosclerotic cardiovascular disease risk assessment
CrCl: creatinine clearance
CVD: cardiovascular disease
FDA: Food and Drug Administration
FMF: familial Mediterranean fever
GERD: gastroesophageal reflux disease
MI: myocardial infarction
NSAID: nonsteroidal anti-inflammatory drug

Appendix B: Therapeutic Alternatives

This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
naproxen (Naprosyn®)	250 mg PO every 8 hours	Naproxen: 1,500 mg/day Naproxen sodium: up to 1,650 mg/day
indomethacin (Indocin®)	50 mg PO TID	200 mg/day (IR capsules); 150 mg/day (SR capsules)
sulindac (Clinoril®)	200 mg PO BID	400 mg/day
allopurinol (Zyloprim®)	100 mg PO QD; may be increased by 100 mg every 2 to 4 weeks until serum urate concentration is ≤ 6 mg/dL or until maximum of 800 mg/day is reached	800 mg/day
probenecid	250 mg PO BID for the first week, then 500 mg PO BID	2 g/day

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

Appendix C: Contraindication/Boxed Warnings

- Contraindication(s):
  - All agents: concurrent use of strong CYP3A4 inhibitors of P-gp inhibitors, including in patients with hepatic or renal impairment
  - Lodoco: Patients with pre-existing blood dyscrasias, renal failure, and severe hepatic impairment
- Boxed warning(s): none reported

Appendix D: General Information

- Per the American College of Rheumatology 2012 guidelines for the management of gout, an inadequate response to therapy is defined as < 20% improvement in pain score within 24 hours or < 50% improvement in pain score at ≥ 50%.
- Acute pericarditis is defined as new onset. Recurrent pericarditis is defined as recurring after a symptom-free interval of at least 4 weeks.

- Lodoco for cardiovascular event prophylaxis:
  - The Lodoco2 study inclusion criteria included patients that were clinically stable, defined as no cardiovascular related hospital admission in the prior 6 months.
  - Non-acute management of MI may include beta-blockers, long-term dual antiplatelet therapy with aspirin and a $P2Y_{12}$ receptor blocker, high intensity statins, angiotensin converting enzyme inhibitors, aldosterone antagonist, and/or nitroglycerin.
  - Secondary prevention therapies for ischemic stroke may include antithrombotic therapy, antihypertensive therapy, and/or statins.
  - Chronic coronary syndrome treatment therapies include beta-blockers, calcium channel blockers, short-acting nitrates, and/or antiplatelet therapies.
  - Per American College of Cardiology (ACC) and American Heart Association (AHA), risk factors for cardiovascular disease include:
    - Overweight or obesity
    - Hypertension
    - Dyslipidemia
    - Hyperglycemia
    - Family history of premature ASCVD (males, age < 55 years; females, age <65 years)
    - Diabetes
    - Chronic kidney disease
    - Cigarette smoking
    - Dietary factors (diets with high glycemic index, low consumption of fruits and vegetables, high consumption of trans fatty acids, low consumption of fiber)
    - Chronic inflammatory conditions (e.g. psoriasis, RA, lupus, HIV/AIDS)

V. Dosage and Administration

Drug Name	Indication	Dosing Regimen	Maximum Dose
Colchicine (Colcrys)	FMF	*Age 4-6 years*: 0.3 mg to 1.8 mg daily *Age 6-12 years*: 0.9 mg to 1.8 mg daily *Age ≥ 12 years*: 1.2 mg to 2.4 mg daily	2.4 mg/day
	Prophylaxis of gout flares	0.6 mg once or twice daily	1.2 mg/day
	Treatment of gout flares	1.2 mg at first sign of flare, followed by 0.6 mg one hour later	1.8 mg/treatment
	Pericarditis (off-label)	*Weight < 70 kg*: 0.5 mg daily* *Weight ≥ 70 kg*: 0.5 mg twice daily*	1 mg/day*
Colchicine (Lodoco)	Cardiovascular event prophylaxis	0.5 mg PO once daily	0.5 mg/day

** This is the recommended dosing per the European Society of Cardiology guidelines.*

VI. Product Availability

Drug Name	Availability
Colchicine (Colcrys)	Tablet: 0.6 mg
Colchicine (Lodoco)	Tablet: 0.5 mg

VII. References

1. Colcrys Prescribing Information. Deerfield, IL: Takeda Pharmaceuticals America, Inc.; May 2020. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/022352s026lbl.pdf. Accessed November 12, 2023.
2. Lodoco Prescribing Information. Parsippany, NJ: Agepha Pharma USA, LLC.; June 2023. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/215727s000lbl.pdf. Accessed November 12, 2023.
3. FitzGerald JD, Dalbeth N, Mikuls T, et al. 2020 American College of Rheumatology Guideline for the Management of Gout. Arthritis Care & Research. June 2020; 0 (0): 1-17.
4. Ozen S, Demirkaya E, Erer B, et al. EULAR recommendations for the management of familial Mediterranean fever. Ann Rheum Dis. 2016; 75(4): 644-651.
5. Chiabrando JG, Bonaventura A, Vecchié A, et al. Management of Acute and Recurrent Pericarditis. J Am Coll Cardiol 2020;75:76-92
6. Adler Y, Charron P, Imazio M, et al. 2015 ESC guidelines for the diagnosis and management of pericardial diseases: the Task Force for the Diagnosis and Management of Pericardial Diseases of the European Society of Cardiology (ESC). Eur Heart J. 2015; 36(42): 2921-2964.
7. Nidorf SM, Fiolet ATL, Mosterd A, et al. LoDoCo2 Trial Investigators. Colchicine in patients with chronic coronary disease. N Engl J Med. 2020 Nov 5;383(19):1838-1847. doi: 10.1056/NEJMoa2021372.
8. Nidorft SM, Fiolet ATL, Mosterd A, et al. Colchicine in patients with chronic coronary disease supplementary appendix. N Engl J Med. 2020 Nov 5;383(19):1838-1847. doi: 10.1056/NEJMoa2021372.
9. Kofler T, Kurmann R, Lehnick D, et al. Colchicine in patients with coronary artery disease: A systematic review and meta-analysis of randomized trials. J Am Heart Assoc. 2021 Aug 17;10(16):e021198. doi: 10.1161/JAHA.121.021198.
10. Anzctr.org.au. The LoDoCo2 Trial: A randomized controlled trial on the effect of low dose Colchicine for secondary prevention of cardiovascular disease in patients with established, stable coronary artery disease. Available at: https://www.anzctr.org.au/TrialSearch.aspx#&&conditionCode=&dateOfRegistrationFrom=&interventionDescription=&interventionCodeOperator=OR&primarySponsorType=&gender=&distance=&postcode=&pageSize=20&ageGroup=&recruitmentCountryOperator=OR&recruitmentRegion=&ethicsReview=&countryOfRecruitment=&registry=&searchTxt=ACTRN12614000093684&studyType=&allocationToIntervention=&dateOfRegistrationTo=&recruitmentStatus=&interventionCode=&healthCondition=&healthyVolunteers=&page=1&conditionCategory=&fundingSource=&trialStartDateTo=&trialStartDateFrom=&phase=. Accessed November 12, 2023.
11. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; 2023. Available at: https://www.clinicalkey.com/pharmacology/. Accessed November 12, 2023.

12. Arnett DK, Blumenthal RS, Albert MA, et al. 2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. Circulation. 2019 Sep 10;140(11):e596-e646. doi: 10.1161/CIR.0000000000000678.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
1Q 2020 annual review: no significant changes; references reviewed and updated.	10.29.19	02.20
1Q 2021 annual review: added HIM line of business; modified FMF approval duration to 12 months for Medicaid/HIM; for FMF indication added examples of positive response included in Appendix D to section II; references to HIM.PHAR.21 revised to HIM.PA.154; references reviewed and updated.	11.16.20	02.21
For pericarditis, added the option to use colchicine in combination with glucocorticoids.	04.15.21	08.21
1Q 2022 annual review: changed commercial approval duration from Length of Benefit to 12 months or duration of request, whichever is less; references reviewed and updated.	09.30.21	02.22
Removed Commercial and HIM lines of business per formulary statuses; added that member must use generic tablet formulations; added that health plan-approved quantity limits also applies.	05.23.22	08.22
Template changes applied to other diagnoses/indications and continued therapy section.	10.03.22	
1Q 2023 annual review: no significant changes; updated dosing in Appendix B; updated template language for continued therapy and other diagnoses/indication sections; references reviewed and updated.	09.30.22	02.23
Added Lodoco to the policy (CP.PHAR.640 to be retired); for FMF, treatment of acute gout attack, gout anti-inflammatory prophylaxis, and pericarditis indications, added “request is not for Lodoco”; added generic redirection for CV prophylaxis; added Commercial and HIM lines of business.	10.03.23	11.23
1Q 2024 annual review: for Gout Anti-Inflammatory Prophylaxis, updated “unless contraindicated” to “unless contraindicated or clinically significant adverse effects are experienced”; references reviewed and updated.	11.12.23	02.24

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and

accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note:
For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.