

COLCRYS QLL PA SUMMARY

Medication	QLL
Colcrys (colchicine 0.6mg tablets)	10 tablets per 30 days

LENGTH OF AUTHORIZATION: Varies based on diagnosis

QLL PA CRITERIA:

- ❖ 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 (e.g., allopurinol, probenecid, Krystexxa, or Uloric)
 - Acute gout for members on urate-lowering preventative therapy or NSAIDs

EXCEPTIONS:

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

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.