March 5, 2012

Prior Authorization Updates

The following prior authorization requirements take effect March 19, 2012.

Gout Agents

Colcrys® (colchicine) long term use requires prior authorization.

Approval criteria:
1. Failure of allopurinol defined by persistent gouty attacks with serum urate levels below 6.5mg/dL.
2. Clinical reason why colchicine/probenecid would not be a viable option for the member.
3. Quantity limit of #60 per 30 days will apply for gout.
4. Members with the diagnosis of Familial Mediterranean Fever verified by genetic testing will be approved for up to 2.4mg per day.

Uloric® (febuxostat) requires prior authorization.

Approval criteria:
1. Failure of allopurinol defined by persistent gouty attacks with serum urate levels below 6.5mg/dL.
2. Clinical reason why allopurinol is not a viable option for the member.
3. Quantity limit of #30 per 30 days will apply.

Bladder Agents

Urelle® and Prosed DS® require prior authorization.

Approval criteria:
1. Recent 14-day trials within the past 60 days of:
   a. Urogesic Blue®, and
   b. Utira-C®