



Effective Date..... 11/1/2023
Next Review Date..... 11/1/2024
Coverage Policy Number IP0268

Colchicine Oral Solution

Table of Contents

Overview.....1
Medical Necessity Criteria1
Reauthorization Criteria2
Authorization Duration2
Conditions Not Covered.....2
Background.....2
References2

Related Coverage Resources

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Overview

This policy supports medical necessity review for colchicine oral solution (Gloperba®).

Receipt of sample product does not satisfy any criteria requirements for coverage.

Medical Necessity Criteria

Colchicine oral solution (Gloperba) is considered medically necessary when the following are met:

- 1. Prophylaxis of Gout Flares. Individual meets the following criteria (A and B):
A. Individual is 18 years of age or older
B. Individual meets the preferred covered alternative(s) criteria as indicated in the table below

Coverage varies across plans and requires the use of preferred products. Refer to the customer's benefit plan document for coverage details.

Employer Group Non-Covered Products and the Preferred Covered Alternatives:

Non-Covered Product	Criteria
Gloperba (colchicine) oral solution	There is documentation of ONE of the following criteria (A <u>or</u> B): A. The individual has an inability to swallow colchicine capsule or tablet. B. There is documentation the individual has had an inadequate response, or is intolerant to EITHER of the following (i <u>or</u> ii): i. colchicine capsule ii. colchicine tablet

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Reauthorization Criteria

Colchicine oral solution (Gloperba) is considered medically necessary for continued use when initial criteria are met AND there is documentation of beneficial response.

Authorization Duration

Initial and reauthorization approval duration: up to 12 months

Conditions Not Covered

Any other use is considered experimental, investigational or unproven.

Background

OVERVIEW

Gloperba is indicated for prophylaxis of gout flares, in adults.¹

The safety and effectiveness of Gloperba for acute treatment of gout flares during the prophylaxis has not been studied.¹

Gloperba is not an analgesic medication and should not be used to treat pain from other causes.¹

References

1. Gloperba (colchicine) [prescribing information]. Alpharetta, GA: Avion Pharmaceuticals, LLC; February 2021.

"Cigna Companies" refers to operating subsidiaries of Cigna Corporation. All products and services are provided exclusively by or through such operating subsidiaries, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. © 2023 Cigna.