



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Lodoco (colchicine)

Page: 1 of 2

Effective Date: 12/26/2023

Last Review Date: 10/2023

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input checked="" type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input checked="" type="checkbox"/> Virginia	<input type="checkbox"/> Kentucky PRMD

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Lodoco under the patient's prescription drug benefit.

Description:

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.

Applicable Drug List:

Lodoco

Policy/Guideline:

Criteria for Approval:

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed to reduce the risk of myocardial infarction (MI), stroke, coronary revascularization, and cardiovascular death
 - AND**
 - The patient has established atherosclerotic disease [Note: Clinical atherosclerotic disease includes acute coronary syndromes, history of myocardial infarction (MI), angina, coronary or other arterial revascularization, stroke, transient ischemic attack (TIA), or peripheral arterial disease (PAD).]
 - OR**
 - The patient has multiple risk factors for cardiovascular disease (e.g., family history of premature atherosclerotic cardiovascular disease (ASCVD), primary hypercholesteremia, metabolic syndrome, chronic kidney disease (CKD), etc.)
- AND**
 - The patient is currently receiving therapy for chronic coronary disease (e.g., antiplatelet or anticoagulant, lipid-lowering agent, beta-blocker, renin-angiotensin inhibitor, etc.)

Approval Duration and Quantity Restrictions:

Approval Duration: 12 months

Quantity Level Limit: 30 tablets per 30 days



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References:

1. Lodoco [package insert]. Parsippany, NJ: AGEPHA Pharma USA, LLC; June 2023.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. <https://online.lexi.com>. Accessed June 30, 2023.
3. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 06/30/2023).
4. Nidorf SM, Fiolet ATL, Mosterd A, et al. Colchicine in Patients with Chronic Coronary Disease. *The New England Journal of Medicine* 2020; 383 (19): 1838-1847.
5. 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;140: e596–e646..