

National Formulary Coverage

GLOPERBA® (NDC 69557-0222-01) 0.6 mg/5 mL SOLUTION, ORAL
150 mL bottle

National Formulary Coverage as of **June, 14 2024**.

Some **Commercial Plans** require prior authorization (PA)
for branded products in this therapeutic class



Health Plan/PBM	Channel	GLOPERBA STATUS	Utilization Management Criteria
CVS Health (Aetna)	Commercial	Covered	no restrictions
Express Scripts PBM	Commercial	Covered	no restrictions
UnitedHealth Group, Inc.	Commercial	Covered	PA Required: Gout prophylaxis indication and difficulty swallowing dysphagia
Elevance Health, Inc. (Anthem)	Commercial	Covered	PA Required: Either 1 or 2 must be met: 1. Individual has had a previous trial and inadequate response or intolerance to colchicine OR 2. If request is for GLOPERBA, individual is unable to swallow the oral tablet/capsule dose form due to clinical conditions such as but not limited to the following: Dysphasia or Individuals age
Optum RX Select	Commercial	Covered	Single generic colchicine Step Edit
Optum RX Premium	PBM	Non-Formulary/ PA Required	PA Required: Failure of generic colchicine
Blue Cross Blue Shield Association Corporation, (FEP)	Commercial	Covered	PA Required: 18 years and older and gout flare prophylaxis
Kaiser Foundation Health Plans, Inc.	Commercial	Covered	no restrictions
Cigna Corporation	Commercial	Non-Formulary/ PA Required	PA Required: Either 1 or 2 must be met: 1. The Individual has an inability to swallow colchicine capsule or tablet OR 2. There is documentation the individual has had an inadequate response or is intolerant to either colchicine capsule or colchicine tablet
Highmark, Inc.	Commercial	Covered	PA and Step Edit Required: PA: prophylaxis gout indication plus age 18 or older plus failure on generic colchicine and failure on allopurinol or difficulty swallowing/dysphagia and Step Edit: generic colchicine
Blue Shield of California	Commercial	Covered	PA Required: Failure of generic colchicine
Florida Blue	Commercial	Covered	PA Required: Failure of generic colchicine
Blue Cross Blue Shield MI	Commercial	Covered	PA Required: Failure of generic colchicine
Blue Cross Blue Shield of Alabama	Commercial	Covered	PA Required: Failure of generic colchicine
Blue Cross Blue Shield Mass	Commercial	Covered	PA Required: Failure of generic colchicine
Healthcare Services Corporation, BCBS Illinois, BCBS Montana, BCBS New Mexico, BCBS Oklahoma, BCBS Texas	Commercial	Covered	no restrictions
Premera, Inc.	Commercial	Covered	PA Required: Failure generic colchicine and failure generic allopurinol trial
Navitus Health Solutions PBM	Commercial	Covered	PA Required: Failure of generic colchicine
MedImpact Healthcare Systems, Inc.	Commercial	Covered	Step Edit Required: Failure of generic colchicine



GLOPERBA GOUT SAVINGS PROGRAM

First Rx as low as **\$0**. Refills as low as \$25.

BIN# 610852
PCN# 2001
GRP# WCGPB2001
ID# 15784631412

*Commercial insurance patients only.
Terms and conditions apply.

GLOPERBA Gout Savings Card is only for patients using commercial or private health insurance with formulary coverage for GLOPERBA including approved prior authorization if required. This includes plans from the Health Insurance Marketplace to help patients afford their out-of-pocket costs. Eligible, commercially insured patients with GLOPERBA coverage may pay as little as \$0* for first prescription with GLOPERBA with the Gout Free Savings Card and \$25 for subsequent refills.

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VA, Medicare and Government Plans require prior authorization (PA)
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Health Plan/PBM	Channel	GLOPERBA STATUS	Criteria for Medical Exception/Prior Authorization (PA) Required
MEDICARE	Medicare	Non-Formulary/ PA Required	PA Required
MEDICARE AND LIS	Low Income Subsidy (LIS): Dual eligible Medicare and Medicaid	Non-Formulary/ PA Required	PA Required
Indian Health Services	Government	Covered/ PA Required	PA Required: Failure generic colchicine
Department of Defense TRICARE	Government	Covered/ PA Required	PA Required: Is patient unable to take colchicine capsules or tablets? Please explain why they need Gloperba, liquid colchicine form.
Department of Veterans Affairs (VHA)	Government	Covered/ PA Required	PA Required: Nonformulary products may be approved under the following circumstances: <ol style="list-style-type: none"> 1. Contraindication(s) to the formulary agent(s) 2. Adverse reaction to the formulary agent(s) 3. Therapeutic failure of formulary alternatives 4. No formulary alternative exists 5. The patient has previously responded to a nonformulary agent and risk is associated with a change to a formulary agent

INDICATION

GLOPERBA 0.6 mg oral solution is indicated for prophylaxis of gout flares in adults.

In the presence of renal or hepatic impairment, patients should be monitored closely and dose adjustment should be considered as necessary

For full Prescribing Information and Important Safety Information, visit www.gloperba.com.