



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Lodoco (colchicine)	Page:	1 of 2
Effective Date:	1/1/2026	Last Review Date:	9/2025
Applies to:	<input checked="" type="checkbox"/> Illinois <input checked="" type="checkbox"/> New Jersey <input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Florida <input checked="" type="checkbox"/> Maryland <input type="checkbox"/> Virginia	<input type="checkbox"/> Michigan <input checked="" type="checkbox"/> Florida Kids <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:

FDA-Approved Indications

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:

Coverage Criteria

Myocardial Infarction (MI), Stroke, Coronary Revascularization, and Cardiovascular Death

Authorization may be granted when the requested drug is being prescribed to reduce the risk of myocardial infarction (MI), stroke, coronary revascularization, and cardiovascular death when ALL of the following criteria are met:

- The patient meets ONE of the following:
 - The patient has established atherosclerotic disease [NOTE: Clinical atherosclerotic disease includes acute coronary syndromes, history of MI, angina, coronary or other arterial revascularization, stroke, transient ischemic attack (TIA), or peripheral arterial disease (PAD).]
 - 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.)
- The patient is currently receiving guideline-directed management and therapy (GDMT) 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:

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4. Nidorf SM, Fiolet ATL, Mosterd A, et al. Colchicine in Patients with Chronic Coronary Disease. *N Engl J Med*. 2020;383:1838-1847.
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.
6. Virani SS, Newby LK, Arnold SV, et al. 2023 AHA/ACC/ACCP/ASPC/NLA/PCNA Guideline for the Management of Patients With Chronic Coronary Disease: A Report of the American Heart Association/American College of Cardiology Joint Committee on Clinical Practice Guidelines. *Circulation*. 2023;148:e9-e119.