



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

LEVOTHYROXINE-ERMEZA

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
LEVOTHYROXINE SODIUM	ERMEZA		52325	GPI-14 (28100010102024)	

**GUIDELINES FOR USE**

1. Does the patient have a diagnosis of congenital or acquired hypothyroidism?

If yes, continue to #3.

If no, continue to #2.

2. Does the patient have a diagnosis of thyrotropin-dependent well-differentiated thyroid cancer **AND** meet the following criterion?

- The requested medication will be used as an adjunct to surgery and radioiodine therapy

If yes, continue to #3.

If no, do not approve.

**DENIAL TEXT:** See the denial text at the end of the guideline.

3. Does the patient meet **ALL** of the following criteria?

- The patient had a trial and failure of Thyquidity
- The patient had a trial and failure of generic levothyroxine tablets
- The patient is unable to swallow levothyroxine tablets or capsules

If yes, **approve for 12 months by GPID or GPI-14.**

If no, do not approve.

**DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **LEVOTHYROXINE-ERMEZA** requires the following rule(s) be met for approval:

A. You have **ONE** of the following diagnoses:

1. Congenital (present from birth) or acquired hypothyroidism (low thyroid function)
2. Thyrotropin (a type of thyroid hormone)-dependent well-differentiated thyroid cancer

B. You had a trial and failure (drug did not work) of Thyquidity

C. You had a trial and failure (drug did not work) of generic levothyroxine tablets

D. You are unable to swallow levothyroxine tablets or capsules

E. **If you have thyrotropin-dependent well-differentiated thyroid cancer, approval also requires:**

1. The requested medication will be used as an adjunct (add-on) to surgery and radioiodine therapy (a type of radiation therapy)

**(Denial text continued on next page)**

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**GUIDELINES FOR USE (CONTINUED)**

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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**RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for Ermeza.

**REFERENCES**

- Ermeza [Prescribing Information]. Morgantown, WV: Mylan Specialty L.P.; April 2022.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 04/01/23

Created: 02/23

Client Approval: 02/23

P&T Approval: 01/23