



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

LEVOTHYROXINE-TIROSINT-SOL

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
LEVOTHYROXINE SODIUM	TIROSINT-SOL	02849		GPI-10 (2810001010)	BRAND = TIROSINT-SOL

**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 is being 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 or contraindication to generic levothyroxine tablets
- There is documentation of rationale for not using Thyquidity and generic levothyroxine tablets

If yes, **approve for 12 months by GPID or GPI-14 with a quantity limit of #2mL per day.**

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-TIROSINT-SOL** 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 or contraindication (harmful for) to generic levothyroxine tablets

D. There is documentation of rationale (reason) for not using Thyquidity and generic levothyroxine tablets

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

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GUIDELINES FOR USE (CONTINUED)

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)

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 Tirosint-Sol.

**REFERENCES**

- Tirosint-Sol [Prescribing Information]. Pambio-Noranco, Switzerland: IBSA Institut Biochimique SA; January 2021.

Library	Commercial	NSA
Yes	Yes	No

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