**STANDARD COMMERCIAL DRUG FORMULARY**
**PRIOR AUTHORIZATION GUIDELINES**

**LEVOTHYROXINE-TIROSINT**

| Generic | Brand | HICL | GCN | Medi-Span | Exception/Other |
|---|---|---|---|---|---|
| LEVOTHYROXINE SODIUM | TIROSINT, LEVOTHYROXINE | 02849 | | GPI-10 (2810001010) | FORM = CAPSULE |

## 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 is 6 years of age or older
   - The patient had a trial and failure of generic levothyroxine tablets
   - There is documentation of rationale for not using generic levothyroxine tablets

   If yes, **approve for 12 months by GPID or GPI-14 with a quantity limit of #2 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** 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 are 6 years of age or older
   C. You had a trial and failure (drug did not work) of generic levothyroxine tablets
   D. There is documentation of rationale (reason) for not using generic levothyroxine tablets
   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)***

**CONTINUED ON NEXT PAGE**

## LEVOTHYROXINE-TIROSINT

### 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.

### RATIONALE

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

### REFERENCES


- Tirosint [Prescribing Information]. Pambio-Noranco, Switzerland: IBSA Institut Biochimique SA; June 2022.


| Library | Commercial | NSA |
|---|---|---|
| Yes | Yes | No |

Part D Effective: N/A
Commercial Effective: 01/01/23

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