

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Levothyroxine sodium (Tirosint)

Notes:

- Quantity Limits: No

Initiation (new start) criteria: Non-formulary **levothyroxine sodium (Tirosint)** will be covered on the prescription drug benefit when the following criteria are met:

- The patient has a documented allergic reaction to an inactive ingredient in the generic levothyroxine product (e.g., dye) not present in the Tirosint product.
- Other generic levothyroxine products are not available without the ingredient.
- The patient has tried and failed at least one therapeutic alternative without the inactive ingredient (if available).