Non-formulary levothyroxine (Tirosint®) will be covered on the prescription drug benefit when the following criteria are met:

1. The member has a documented allergic reaction to an inactive ingredient in the generic levothyroxine product (e.g., dye) not present in the Tirosint product.
   
   – AND –

   Other generic levothyroxine products are not available without the ingredient.
   
   – AND–

   The member has tried and failed at least one therapeutic alternative without the inactive ingredient (if available).

   - OR –

2. Dose Change Only: Patient previously met criteria and is already taking the drug