



## THYROID SUPPLEMENTS PA SUMMARY

<b>PREFERRED</b>	Armour Thyroid, Cytomel (brand), Levothyroxine (injection, tablets)
<b>NON-PREFERRED</b>	Liothyronine (generic), Tirosint

**LENGTH OF AUTHORIZATION:** 1 Year

### PA CRITERIA:

*Criteria for Levothyroxine injection*

- ❖ Medication must be administered in member's home by home health or in a long-term care facility and must be unable to swallow oral dosage forms of medications.

*Criteria for Liothyronine (generic)*

- ❖ Submit a written letter of medical necessity stating the reason(s) the preferred product, brand name Cytomel, is not appropriate for the member.

*Criteria for Tirosint*

- ❖ Submit a written letter of medical necessity stating the reasons the preferred product, generic levothyroxine tablets, is not appropriate for the member.

### EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

### PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight the pharmacy link on the top right side of the page, and click on "prior approval process".

### QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.