

THYROID SUPPLEMENTS PA SUMMARY

PREFERRED	Armour Thyroid, Cytomel (brand), Levothyroxine tablets, Thyrolar
NON-PREFERRED	Levothyroxine injection, 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 **SXC Health Solutions at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to 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, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.