



## GEORGIA MEDICAID FEE-FOR-SERVICE THYROID HORMONES PA SUMMARY

Preferred	Non-Preferred
<p>Armour Thyroid (thyroid [levothyroxine-liothyronine porcine])</p> <p>Ermeza (levothyroxine oral solution)*</p> <p>Levothyroxine injection*, tablets generic and all generics/branded generics for Synthroid</p> <p>Liothyronine injection*, tablets generic</p> <p>Thyroid (levothyroxine-liothyronine porcine) generic and all generics/branded generics for Armour Thyroid</p>	<p>Thyquidity (levothyroxine oral solution)</p> <p>Tirosint (levothyroxine capsules and oral solution)</p>

\*preferred but requires PA

**LENGTH OF AUTHORIZATION:** 1 year

**NOTE:** Ermeza, levothyroxine injection generic and liothyronine injection generic are preferred but require prior authorization.

### PA CRITERIA:

#### Levothyroxine Injection Generic and Liothyronine Injection Generic

- ❖ Approvable for members who are unable to swallow oral dosage formulations of medication (i.e., tablets, capsules) when administered in member's home or in a long-term care facility.

#### Ermeza, Thyquidity and Tirosint Oral Solution

- ❖ Approvable for members who are unable to swallow solid oral dosage formulations of medication (i.e., tablets, capsules).
- ❖ In addition for Thyquidity and Tirosint Oral Solution, prescriber must submit a written letter of medical necessity stating the reasons the preferred product, Ermeza, is not appropriate for the member.

#### Tirosint Capsules

- ❖ Prescriber must 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 **OptumRx at 1-866-525-5827**.

### PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

### PA AND APPEAL PROCESS:



- For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

#### **QUANTITY LEVEL LIMITATIONS:**

- For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.