

Approved by WVP Pharmacy and Therapeutics committee
 April 4th, 2017

Thyroid replacement

Levoxy and T4/T3 formulations (Armour Thyroid)		
1. Is the member being treated for an OHP funded condition?	Yes: Move to question #2	No: Category 1 denial
2. Is the member being treated for hypothyroidism?	Yes: Move to question #3	No: Category 3 denial
3. Has the member tried and failed preferred formulary levothyroxine? <i>*Adequate trial of levothyroxine will require documentation of appropriate dose adjustment, confirmed 80% compliance based on fill history and TSH labs that show inability to meet treatment goals after 6 months of therapy</i>	Yes: Approve for 12 months	No: Forward to MD for medical appropriateness (Cat 5) evaluation
Synthroid		
1. Is the member being treated for an OHP funded condition?	Yes: Move to question #2	No: Category 1 denial
2. Is the member being treated for hypothyroidism?	Yes: Move to question #3	No: Category 3 denial
3. Has the member tried and failed preferred replacement products levothyroxine and Brand Levoxy? <i>*Adequate trial of levothyroxine will require documentation of appropriate dose adjustment, confirmed 80% compliance based on fill history and TSH labs that show inability to meet treatment goals after 6 months of therapy. Six month trial of both levothyroxine and Levoxy are required for coverage.</i>	Yes: Approve for 12 months	No: Forward to MD for medical appropriateness (Cat 5 evaluation)