<b>Primary Diagnosis</b>	ICD-10 Diagnostic Codes
E03.9	Hypothyroidism, unspecified
E06.3	Autoimmune thyroiditis, Hashimoto's thyroiditis
A79.890	Hormone replacement therapy
E050	Graves' Disease

Secondary Diagnosis	ICD-10 Diagnostic Codes
E03.1	Congenital hypothyroidism without goiter
E30.0	Congenital hypothyroidism with diffuse goiter
R13.10	Dysphagia
K90.0	Celiac Disease

## **Clinical Justification**

- Patient failed on a preferred agent
- The use of formulary agent is contraindicated for the patient (ingredient intolerances/sensitivities, dysphagia)
- Alternate therapies can lead to absorption issues and inconsistent medication effectiveness
- Patient has been stable on Tirosint/Tirosint-SOL and changing to an alternative may cause adverse effects or therapeutic failure

Prior Therapies Used	
☐ Generic LT4 Tablets	☐ Synthroid® Tablets
☐ Unithroid® Tablets	☐ Levoxyl® Tablets
☐ Euthyrox® Tablets	☐ Armour-Thyroid®
□ NP Thyroid®	☐ Other

## **Notes**

Some insurance plans may require that patients try and fail on a generic and/or a branded tablet formulation of levothyroxine and that a clinical justification is provided to support the use of Tirosint/Tirosint-SOL semi-liquid and liquid formulations. The more precise diagnosis and clinical justification that can be provided when submitting a Prior Authorization, the greater the likelihood to get the product reimbursed.

Please see Full Prescribing Information, including Boxed Warning, at www.Tirosint.com and www.TirosintSOL.com

