



Liothyronine Prior Authorization and Step Therapy

Drug(s) Applied:	liothyronine
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Criteria:

Drug(s) Applied will be approved when the requested medication is being used for an FDA approved indication and all of the following criteria are met:

I. Initial Therapy Criteria

A. **Hypothyroidism** as indicated by chart notes within past 120 days

1. Liothyronine is being used in combination with levothyroxine **and**
2. Prescriber is a specialist or has consulted with a specialist in the area of the patient's diagnosis (e.g., endocrinology)

Approval Duration: 12 months

II. Continued Therapy Criteria

A. **Hypothyroidism** as indicated by chart notes within past 12 months

1. Liothyronine is continuing to be used in combination with levothyroxine **and**
2. Prescriber is a specialist or has consulted with a specialist in the area of the patient's diagnosis (e.g., endocrinology)

Approval Duration: 12 months

Policy Owned by: Curative PBM team

