OKLAHOMA Health Care Authority | Serving Oklahomans through SoonerCare

October 9, 2024

RE: Tirosint®, Tirosint®-SOL, Flector®, and Licart® Coverage Changes Effective October 1, 2024

On October 1, 2024, IBSA Pharma voluntarily ended their Federal Drug Rebate Agreement with the Centers for Medicare and Medicaid (CMS). Due to this, SoonerCare no longer covers any of the IBSA Pharma products as per our regulatory requirements.

Tirosint® (levothyroxine capsule) and Tirosint®-SOL (levothyroxine oral solution)
Brand Tirosint® and Tirosint®-SOL will no longer be covered. Members previously utilizing brand Tirosint® will need to switch to generic levothyroxine capsules. Members previously utilizing Tirosint®-SOL will need to switch to either Ermeza™ or Thyquidity™. The complete criteria for Ermeza™, Thyquidity™, and levothyroxine capsules can be found below and on the OHCA website at www.oklahoma.gov/ohca/pa in the "Special Formulations" therapeutic category. A prior authorization (PA) request will be required for members needing to switch products, as generic levothyroxine tablets remain the preferred product. Pharmacy PA forms can be found on the OHCA website at https://oklahoma.gov/ohca/rxforms.

Ermeza™ (Levothyroxine Oral Solution), Thyquidity™ (Levothyroxine Oral Solution), and Levothyroxine Capsule (Generic Tirosint®) Approval Criteria:

1. An FDA approved diagnosis of 1 of the following:
    a. Hypothyroidism: As replacement therapy in primary (thyroidal), secondary (pituitary), and tertiary (hypothalamic) congenital or acquired hypothyroidism; or
    b. Pituitary Thyrotropin (thyroid-stimulating hormone, TSH) Suppression: As an adjunct to surgery and radioiodine therapy in the management of thyrotropin-dependent well-differentiated thyroid cancer; and
2. A patient-specific, clinically significant reason why the member cannot use all other formulations of levothyroxine must be provided. For the oral solutions, a reason why the member cannot use the levothyroxine tablet formulation, even when the tablets are crushed, must be provided; and
3. Prescriber must verify member has been compliant with levothyroxine tablets at a greatly increased dose for at least 8 weeks; and
4. Prescriber must verify that member has not been able to achieve normal thyroid lab levels despite a greatly increased dose and compliance with levothyroxine tablets.

Flector® Patch (diclofenac epolamine) and Licart® (diclofenac epolamine topical system)
Both brand Flector® Patch and Licart® will no longer be covered. The generic Flector® Patch (diclofenac epolamine) is in the Special PA Tier of the NSAID Tier chart and requires PA. Members previously utilizing brand Flector® Patch will need to switch to a different Tier-1 product or meet the Special PA criteria for the generic diclofenac epolamine patches. There is no generic for Licart®. If a non-oral formulation is needed, diclofenac sodium 1% topical gel is currently a Tier-1 product that is available without PA. The complete NSAID Tier chart and Special PA criteria can be found on the OHCA website at www.oklahoma.gov/ohca/pa in the "Skeletal System" therapeutic category.

Thank you for the services you provide to Oklahomans insured by SoonerCare!