

## PHARMACY PRE-AUTHORIZATION CRITERIA



<b>DRUG</b>	Thyrogen (thyrotropine alfa for injection)
<b>POLICY #</b>	21112, J-3240
<b>INDICATIONS</b>	<p>Thyrogen® (thyrotropin alfa for injection) is indicated for use as an adjunctive diagnostic tool for serum thyroglobin (Tg) testing with or without radioiodine imaging in the follow-up of patients with well-differentiated thyroid cancer.</p> <p>Thyrogen® (thyrotropin alfa for injection) is indicated for use as adjunctive treatment for radioiodine ablation of thyroid tissue remnants in patients who have undergone a near-total or total thyroidectomy for well-differentiated thyroid cancer and who do not have evidence of metastatic thyroid cancer.</p>
<b>CRITERIA</b>	<p>ConnectiCare considers Thyrogen® to be medically necessary for patients who meet the following criteria:</p> <ul style="list-style-type: none"><li>As a diagnostic tool for serum thyroglobin (Tg) testing, with or without radioiodine imaging as follow up of patients with well-differentiated thyroid cancer.</li></ul> <p><b>OR</b></p> <ul style="list-style-type: none"><li>To facilitate radioiodine ablation of remnant thyroid tissue after surgery for differentiated thyroid carcinoma who do not have evidence of metastatic disease.</li></ul>
<b>LIMITATIONS</b>	<p>If the above criteria met authorization will be granted for 2 doses of Thyrogen®.</p> <p>Thyrogen authorizations (commercial) will be authorized on the pharmacy benefit and referred to ConnectiCare's preferred specialty pharmacy for processing.</p>
<b>REFERENCES</b>	Thyrogen® full prescribing information. Genzyme Corp. Cambridge, MA
<b>P&amp;T REVIEW HISTORY</b>	6/07, 3/08, 6/08, 9/09, 9/10, 12/11, 10/12, 10/13, 10/14, 11/15, 2/16, 2/17, 1/18
<b>REVISION RECORD</b>	1/08, 11/12