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THE PRESCRIBER e-LETTER

Upcoming Changes to MassHealth Coverage of Thyroid Agents

Effective January 6, 2025, Tirosint® (levothyroxine capsule and solution), and generic levothyroxine capsule will be designated as non-covered agents requiring prior authorization (PA).

- Effective January 6th, 2025, MassHealth is removing Tirosint® (levothyroxine capsule and solution) from the Brand Preferred Over Generic List. Tirosint® (levothyroxine capsule and solution) and generic levothyroxine capsules will now require PA.
- MassHealth members currently receiving Tirosint® (levothyroxine capsule and solution) or generic levothyroxine capsules may switch to a levothyroxine agent available without PA (see table below) or prescribers may submit a PA for the evaluation of medical necessity over other covered products.
- The manufacturers of Tirosint® (levothyroxine capsule and solution) and generic levothyroxine capsules no longer participate in the Medicaid Drug Rebate Program. As a result, MassHealth will no longer cover claims for these manufacturers' products.
- To aid in transitioning MassHealth members taking Tirosint® (levothyroxine capsule and solution) and generic levothyroxine capsule to a covered product, MassHealth will continue to cover these products until January 6th, 2025. After this, prescribers may submit a PA to evaluate for medical necessity if a member is not a candidate for levothyroxine products that do not require PA.
- Information regarding coverage of thyroid agents is available on the MassHealth Drug List and summarized below.

MassHealth Coverage of Thyroid Agents Effective January 6, 2025

Drugs that require PA	Drugs that do NOT require PA
Tirosint® (levothyroxine capsule, solution)	Cytomel® # (liothyronine) Ermeza® (levothyroxine solution) Euthyrox® # (levothyroxine tablet) Levo-T® # (levothyroxine tablet) Levoxyl® # (levothyroxine tablet) Synthroid® # (levothyroxine tablet) Thyquidity® (levothyroxine solution) Unithroid® # (levothyroxine tablet)

This is a brand-name drug with FDA "A"-rated generic equivalents. PA is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA "A"-rated generic equivalent.

The Prescriber e-Letter is an update designed to enhance the transparency and efficiency of the MassHealth drug prior-authorization (PA) process and the MassHealth Drug List. Each issue highlights key clinical information and updates to the MassHealth Drug List. The Prescriber E-Letter was prepared by the MassHealth Drug Utilization Review Program and the MassHealth Pharmacy Program.