# The Prescriber e-Letter MassHealth Pharmacy Program Volume 14, Issue 5, October 2024The Prescriber e-Letter, Volume 14, Issue 7, November 2024

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## 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](https://mhdl.pharmacy.services.conduent.com/MHDL/pubdruglistget.do?searchBy=Drug+Name&searchFor=&stdClassDesc=THYROID+PREPARATIONS) and summarized below.

**MassHealth Coverage of Thyroid Agents Effective January 6, 2025**

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| **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.

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Please send any **suggestions** or **comments** to prescribereletter@massmail.state.ma.us