



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
Boston, MA 02111

MassHealth
Pharmacy Bulletin 62
March 2000

TO: Pharmacies Participating in MassHealth
FROM: Mark E. Reynolds, Acting Commissioner
RE: **Prior Authorization for Certain Brand-Name Products**

Background

The bulletin is being sent to all MassHealth pharmacies and prescribers. Effective March 15, 2000, the Division requires prior authorization for certain brand-name multi-source products to ensure that the most appropriate, efficacious, and cost-effective drugs are prescribed and dispensed to MassHealth members.

**Brand-Name Drugs
Requiring Prior
Authorization**

Brand-name analgesics, benzodiazepines, and muscle relaxants require prior authorization if they are an AB-rated multi-source product listed in the most recent edition of or supplement to the *Approved Drug Products with Therapeutic Equivalence Evaluations*, also known as the Orange Book, published by the U.S. Food and Drug Administration.

**Prior Authorization
Procedures**

The prescriber must submit to the Division a completed Request for Prior Authorization form or submit on office letterhead the information required in Subchapter 5 of the provider manual. The form or letterhead may be faxed or mailed to:

Drug Utilization Review Program
University of Massachusetts Medical School
11 Midstate Drive
Auburn, MA 01501
Fax: (508) 721-7138

Questions

If you have any questions about the information in this bulletin, please contact the Unisys Provider Services Department at (617) 628-4141 or 1-800-325-5231.
