

New Point32Health webpages to streamline your operations

[Harvard Pilgrim Health Care Commercial](#) | [Tufts Health Plan Commercial](#) | [Tufts Health Public Plans](#) | [Tufts Health Senior Products](#)

One of Point32Health's foremost priorities is continuing to deliver an improved and streamlined provider experience. We're always identifying opportunities to simplify your administrative engagement with us so you can focus on providing exceptional care to our member population. To that end, we have a few new integrated webpages to announce.

Our Point32Health provider website now has a unified [Prior Authorization section](#), which provides rapid access to Medical Necessity Guidelines, Pharmacy coverage criteria, and other information and resources needed to determine prior authorization requirements and request authorizations.

Within this section, we've developed [one integrated Forms page](#) for the forms you use the most for all of your Harvard Pilgrim Health Care and Tufts Health Plan patients (with the exception of our StrideSM (HMO/HMO-POS) Medicare Advantage plan, which [we recently made the decision to discontinue](#), effective Jan. 1, 2025.) Rather than navigating between multiple legacy websites to reference forms for members of our various plans under the Point32Health umbrella, you can now find everything you need in one place — including important clinical and Pharmacy forms; behavioral health forms; forms for submitting requests for referrals, authorizations, and notifications; and more.

In addition, our new [Vendor Programs page](#) identifies key vendor partners and the services and Point32Health products for which they provide review.

As a reminder, our Point32Health provider website is also home to the [Policies and Manuals page](#), where you can access the most vital resources you leverage for treating your Harvard Pilgrim and Tufts Health Plan patients.

Our work of streamlining provider experience is ongoing, and we'll continue to move remaining content from the legacy brand websites to the Point32Health provider website in the coming months. Please be sure to check back in for further updates in future issues of Insights and Updates for Providers! ▲

Submitting behavioral health claims and appeals

[Harvard Pilgrim Health Care Commercial](#)

As you know, we insourced our behavioral health program for Harvard Pilgrim Health Care Commercial members last year. Behavioral health providers were instructed to submit claims and appeals for Harvard Pilgrim Commercial members directly to Harvard Pilgrim for dates of service on or after Nov. 1, 2023 (the insourcing date), while Optum/United Behavioral Health would manage claims and appeals for dates of service prior to that date.

For further simplification, beginning Nov. 1, 2024, please submit all behavioral health claims and appeals directly to Harvard Pilgrim for Commercial members — even those applicable for dates of service prior to Nov. 1, 2023.

You'll find guidance on submitting claims in this handy [Behavioral Health Quick Reference Guide](#), as well as in the [Billing and Reimbursement section](#) of our Harvard Pilgrim Commercial Provider Manual. For Appeals guidance, please reference the [Appeals section](#) of the Harvard Pilgrim Commercial Provider Manual. ▲

Important updates on reaching us by phone, email, and fax

All products

We announced some modifications in how to reach us for certain transactions in recent issues of the newsletters and want to share this again to ensure you and your office staff have the information you need to work with us efficiently.

In addition, we are announcing a new fax number for referrals for Harvard Pilgrim Health Care Commercial members. Please keep the following in mind:

- **Authorization, notification, and referral submission for *medical* services** — Please be aware that we will discontinue accepting requests for authorization, notifications, and referrals by phone for Harvard Pilgrim Health Care Commercial members, effective for dates of services beginning Nov. 1, 2024 for medical services. Following this date, these requests should be submitted via fax or our secure provider portal, HPHConnect.
- **Authorization, notification, and referral submission for *behavioral health* services** — Effective Jan. 1, 2025, we will only accept behavioral health notifications and authorizations by phone for certain service types for Harvard Pilgrim Commercial members. Our Provider Services team will also be able guide you accordingly when you call.
- **Fax number for Harvard Pilgrim referrals (NEW item)** — As of Nov. 1, 2024, please begin utilizing the following fax number when submitting referrals by fax for Harvard Pilgrim members: 617-509-4297. You can also submit referrals via the secure portal HPHConnect or through NEHEN. For more information, please refer to [Referral Policy and Procedures](#) in the [Harvard Pilgrim Commercial Provider Manual](#).
- **Provider Service Center email discontinued** — We are discontinuing use of the Provider Service Center email, provider_callcenter@point32health.org, for all lines of business as of Oct. 1, 2024. On our Harvard Pilgrim secure provider portal, HPHConnect, you'll still have the option of reaching the Provider Service Center directly via our Message Center.

Utilizing our secure portals

We encourage the use of our secure portals for a variety of transactions. You can submit specialty referrals and request authorizations securely, quickly, and easily using our secure portals — and authorization requests may be approved more quickly, often on the spot.

We are also introducing enhancements to the registration process for HPHConnect — aimed at streamlining the registration process and shortening registration turnaround times.

If you are not currently registered for HPHConnect, you can get started by completing this [online enrollment form](#) and following [these registration instructions](#). To register for the Tufts Health Plan secure portal, follow these [registration instructions](#).

Resources to guide you

If you are new to our secure portals, we have a variety of resources available to assist you with conducting these transactions, including:

- **Secure portal user guides** — Our HPHConnect user guides walk you step-by-step through conducting common transactions on the Harvard Pilgrim secure portal. Topics include [submitting referral, authorization and notification entries](#) for a variety of specific services, [performing referral/authorization searches](#), [checking](#)

[the status of a referral/authorization transaction](#), and more. Visit the [Provider Training guides page](#) to view these resources, as well as Tufts Health Plan secure portal user guides.

- **Quick videos** — If you need assistance getting started with HPHConnect, we offer a variety of quick videos on topics such as [registering for HPHConnect](#) and [checking referral or authorization status in HPHConnect](#).
- **Harvard Pilgrim Commercial Provider Manual** — [The Referral, Notification and Authorization section](#) of our Harvard Pilgrim Commercial Provider Manual offers the most-up-to date information on policies and procedures.
- **Medical Necessity Guidelines** — Our [Medical Necessity Guidelines](#) detail coverage criteria and note the applicable fax number to use when requesting authorization for our lines of business.

Editor's Note, Oct. 24, 2024: For clarification, providers may inquire about existing notification, prior authorizations, and referrals by phone. In addition, if portal and fax are not available, Maine providers may utilize the Provider Service phone number for submission of notification, authorization, and referrals.



What's ahead for our Medicare plans for 2025

[Harvard Pilgrim Health Care Stride \(HMO\)/\(HMO-POS\) Medicare Advantage](#) | [Tufts Health One Care](#) | [Tufts Health Plan Senior Care Options](#) | [Tufts Medicare Preferred](#)

With the annual Medicare enrollment period about to begin, we want to make you aware of some updates we're planning for our Medicare Advantage plans for 2025 — some of which we anticipate will result in an increased number of calls and questions from patients in need of prescription updates and medication reviews.

Industrywide changes resulting from the IRA

Certain provisions of the Inflation Reduction Act (IRA) will result in a number of changes across the health care industry beginning Jan. 1, 2025. These changes will impact all members of a Medicare Part D prescription drug plan, including our applicable Point32Health members.

Because of the substantial and wide-reaching effect of these provisions, we want to highlight the most significant updates you and your patients can anticipate in connection with the IRA, as well as some consequent changes Point32Health is making to our Pharmacy formulary tiering for 2025.

The provisions of the IRA apply to all Medicare Advantage and Medicare Part D prescription drug plans. The most notable changes our members will see in 2025 in relation to these industrywide provisions include:

- **Lower maximum out-of-pocket limit (MOOP)** – For 2025, the MOOP will be lowered from \$3,300 to \$2,000, meaning that \$2,000 is the highest amount a member may be obligated to pay for all their prescription drugs in 2025 before entering catastrophic coverage, during which Point32Health would pay the remainder of their prescription drug costs.
- **Implementation of the Medicare Prescription Payment Plan** – Members will have the opportunity to opt into the Medicare Prescription Payment Plan, which is a new payment option that will allow them to better manage their out-of-pocket Part D prescription drug costs by splitting bills into regular monthly installments across the calendar year, as an alternative to paying the full amount up front. This is expected to improve access to drugs and may also contribute to increased utilization due to the removal of a cost barrier preventing some members from starting a new treatment or adhering to an existing treatment. The program is free to join and there is no accrued interest on outstanding payments.
- **The prescription drug coverage gap (“donut hole”) is going away** – Currently, Medicare Part D prescription drug plans have a coverage gap known as the “donut hole,” which means that once a member and their plan have spent a certain amount for covered drugs for the plan year, their coverage is temporarily limited. This will be eliminated for 2025.

Point32Health Pharmacy formulary and benefit changes

In an effort to ensure that our plan premiums remain affordable, Point32Health is implementing certain changes as a result of the IRA for the 2025 plan year.

Firstly, we'll be making a number of changes to our Pharmacy formulary, which will cause some drugs to have higher cost shares as a result of moving to higher tiers, and some drugs to no longer be covered. (For drugs that are no longer covered, there may be a therapeutically equivalent medication available that will meet the member's needs.)

Formulary changes occur every year, but the volume of these changes will be markedly higher for 2025 than in previous years. While the majority of these changes will not have a substantial effect, members and providers should be prepared for the fact that certain tier changes will result in significantly higher costs for some drugs.

Additionally, we're making changes to our benefit structures for 2025, which will include drugs on Tier 3 and Tier 4 moving from fixed copays to a coinsurance payment structure, meaning that the member will pay a percentage of the actual cost of the drug. Coinsurance payments for some drugs will be similar or lower in cost compared to the current copays, but it's important to note that costs for some Tier 3 and Tier 4 drugs — particularly high-cost brands — will be significantly higher on the coinsurance model.

Key points to keep in mind

Depending on the drugs they take, your Point32Health Medicare Advantage patients may experience varying degrees of prescription drug coverage disruption and financial impacts. Some key points to note include:

- Providers who prescribe Part D medications to Point32Health members should prepare to receive an increased number of calls and questions from patients in need of prescription updates and medication reviews.
- The IRA provisions apply to all health plans with Medicare members, and we anticipate that many other plans will be making similar updates to their plan designs and formularies.
- Point32Health is communicating with our members through several different channels to ensure that they are aware of the coming changes, including sending letters to members most impacted by these changes.
- For many members, depending on which prescription drugs they take, much of the negative impact associated with tiering and benefit structure changes may be mitigated by the IRA's reduced MOOP and the introduction of the new Medicare Prescription Payment Plan.
- Providers should instruct members to prepare financially for the updates coming in 2025:
 - We also recommend that eligible patients consider enrolling in the Medicare Prescription Payment Plan if it may be right for them. They can do this during the AEP, once their Jan. 1, 2025 eligibility and enrollment is confirmed, or anytime throughout the 2025 benefit year. Patients looking for help in determining whether this payment option is a good fit for them should call Point32Health Member Services at the number on the back of their ID card.
 - Recommend that members refill prescriptions prior to Jan. 1, 2025 for drugs that will be increasing in cost.

Harvard Pilgrim StrideSM (HMO/HMO-POS) Medicare Advantage plan being discontinued

In addition, we want to share an important update on our Harvard Pilgrim StrideSM (HMO/HMO-POS) Medicare Advantage plan. We are constantly examining our business to ensure we offer our members affordable, high-quality health plans and products in the market. As a result of a comprehensive review of the New Hampshire Medicare Advantage market, we recently made the decision to discontinue our StrideSM (HMO/HMO-POS) Medicare Advantage plan in New Hampshire, effective Jan. 1, 2025. As of that date, the product will no longer be available.

Please continue to provide services to StrideSM (HMO/HMO-POS) Medicare Advantage members through the end of the year and submit claims as you do today. We will process claims through the claims timely submission time frame for Stride, which is 365 days post-date of service.

We will continue to offer our other New Hampshire products, including our Harvard Pilgrim Commercial plans and our individual Medicare Supplement plan.

While members will continue to have access to their Stride benefits and services through the end of the year, we are encouraging the approximately 10,000 affected members to seek out alternative options available in the market. We are mailing letters to these members to inform them of the discontinuance and how to search for an alternative plan offering during the Annual Enrollment Period (AEP).

Look to next month's issue of Insights and Updates for Providers for a follow-up communication providing more in-depth detail regarding benefit updates, specific drugs that will be critically impacted, and more. ▲

New product offering for Jan. 1, 2025

Harvard Pilgrim Health Care Commercial

Beginning on Jan. 1, 2025, Point32Health will offer a new Harvard Pilgrim Health Care Commercial product: **PPO Access.**

Similar to the existing PPO plan, members of PPO Access are not required to select a PCP or have referrals for specialist care. Provider coverage includes Harvard Pilgrim's network in five New England states, and our national network partner UnitedHealthcare's Choice Plus network for the remaining states. In addition to the Harvard Pilgrim and UnitedHealthcare Choice Plus networks, members may see an out-of-network provider, at a higher cost.

The PPO Access product will also include a Flex benefit option for Massachusetts members, meaning that the member has lower cost sharing when they receive services from a designated "Flex" general laboratory or ambulatory surgery center provider, as well as an LP (low-pay) benefit option for New Hampshire members, which means that the member has lower cost sharing when they receive services from a designated "Select LP Provider" general laboratory or ambulatory surgery center provider.

Members will be able to view participating practitioners and filter them by specialty in Harvard Pilgrim's online [Provider Directory](#). You can recognize PPO Access members by their ID cards. ▲

Updated address for Harvard Pilgrim mail correspondence

Harvard Pilgrim Health Care Commercial | Harvard Pilgrim Stride (HMO) Medicare Advantage

As you may be aware, we changed many of our mailing addresses to our Point32Health headquarters previously but had maintained a Quincy address for our Harvard Pilgrim Health Care line of business. We're now updating that address, too.

Please be aware that any mail that would previously have been sent to the Harvard Pilgrim office at 1600 Crown Colony Drive in Quincy, MA should now be directed to our Point32Health corporate address:

**1 Wellness Way
Canton, MA 02021**

There are no changes to any of Point32Health's P.O. Box addresses at this time.

We will be updating references throughout our websites and materials over the next several months to reflect this change in address. Mail forwarding will be available to allow you time to update your notes and systems accordingly.



New 2025 CPT and HCPCS codes

All products

Point32Health will accept new 2025 CPT and HCPCS codes for dates of service beginning Jan. 1, 2025 and will update our systems and policies as appropriate. Claims that include deleted CPT and HCPCS codes for dates of service after Dec. 31, 2024 will be denied. The following Point32Health Commercial payment policies will be updated in the first quarter of 2025 to reflect the 2025 code changes:

- [Harvard Pilgrim Non-Covered Services Payment Policy](#)
- [Tufts Health Plan Noncovered/Nonreimbursable Services Payment Policy](#)
- [Tufts Health Plan Nonreimbursable Code List for Physicians Payment Policy](#)



Claims editing platform updates

Tufts Medicare Preferred

Point32Health [announced in the August issue](#) of Insights and Updates for Providers that we are making updates to align our claims editing platforms in an effort to consistently apply industry standard claims edits and national correct coding.

While we originally indicated that these updates would apply for claims with dates of service on or after Oct. 1, 2024 for our Tufts Health Medicare Preferred members, **we've encountered some delays in this implementation.** Providers can expect to begin seeing edits associated with this claims editing platform update as of **Jan. 1, 2025.**

Look to future issues of Insights and Updates for Providers for any further updates on this initiative. ▲

Point32Health Obstetrics and Gynecology Payment Policy

All products

We are introducing a new integrated Point32Health [Obstetrics and Gynecology Payment Policy](#), effective Oct. 1, 2024. This merged policy will replace the following previous policies, which have been archived, and the pertinent information from those policies can now be found in the new integrated version:

- Harvard Pilgrim Obstetrical/Maternity Care Payment Policy
- Harvard Pilgrim Gynecology Payment Policy
- Tufts Health Plan Obstetrics/Gynecology Professional Payment Policy
- Tufts Health Plan Family Planning Payment Policy

For more information, check out our full list of [Payment Policies](#). ▲

2025 Part B Step Therapy program

Tufts Health One Care | Tufts Health Plan Senior Care Options | Tufts Medicare Preferred

Effective for fill dates on or after Jan. 1, 2025, the following coverage requirements will apply to the Part B Step Therapy program for Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, and Tufts Health One Care:

- **The following new categories will be added to the Part B Step Therapy program:**
 - Pemetrexed

- **The following existing categories will be updated:**
 - Acromegaly
 - Antiemetics
 - Retinal Disorders

In addition to the changes listed above, coverage criteria will be updated to be drug class specific. For more information, refer to our updated [Medicare Part B Step Therapy Medical Necessity Guidelines](#). ▲

Rhode Island Medicaid rate updates

Tufts Health RITogether

In accordance with recent direction from the Rhode Island Executive Office of Health and Human Services (EOHHS), Point32Health is implementing reimbursement rate updates for Tufts Health RITogether providers and updating applicable fee schedules as necessary.

For claims submitted with dates of service on or after the state-supplied effective date, Tufts Health RITogether will apply the updated rate. In the event that systems are not fully updated by the effective date, we will reprocess claims as necessary.

Providers are encouraged to refer to the state's [FY25 Medicaid Reimbursement Rate Implementation](#) guide for details and links to additional information. ▲

New community BH clinics program in RI

Tufts Health RITogether

If you have Tufts Health RITogether patients in need of specialized behavioral health care, effective Oct. 1, 2024, Rhode Island's Certified Community Behavioral Health Clinics (CCBHCs) are available to help. The state has recently designated the following CCBHCs:

- Family Services of RI
- Newport Mental Health
- Thrive Behavioral Health, Inc.
- Community Care Alliance
- The Providence Center
- Gateway Healthcare's Pawtucket, Johnston, and South County locations

Selected to provide a wide range of mental health and substance use services — regardless of patient age, diagnosis, or insurance status — CCBHCs offer clients and their families:

- 24/7 crisis support
- Mental health services
- Alcohol and drug use treatment
- Counseling and therapy
- Peer support
- Connection to Veterans' services
- Connection to social services
- Screening and assessments
- Patient- and family-centered care planning and coordination

The CCBHC model is based on a national set of standards for comprehensive behavioral health care and is supported by the Centers for Medicare and Medicaid Services and the Substance Abuse and Mental Health Services Administration. Today, there are more than 500 CCBHCs across the country. For more information, including contact information, please visit Rhode Island's Executive Office of Health and Human Services' [CCBHC webpage](#). ▲

Billing for NH community-based mental health organizations

Harvard Pilgrim Health Care Commercial

With the growing number of commercially insured children receiving mental health services from state-funded community-based organizations, we are reminding participating practitioners that many services they provide can be billed under a child's Harvard Pilgrim Health Care Commercial plan.

If you are a provider who treats children with severe mental illness through one of New Hampshire's 10 Community Mental Health Centers (CMHCs), you may be able to bill for services that encompass:

Crisis assessment, intervention, and stabilization

- In-home services
- Residential treatment
- Structured outpatient programs
- Care coordination
- Parent and youth peer support
- Hospital-based, non-residential treatment

Many of these services qualify as health care services that can be billed using Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes, along with the appropriate modifiers.

The reference chart on pages 4-7 of the [New Hampshire Bulletin](#) identifies common billing codes that are associated with this category of services. Because billing codes and categories vary by payor, however, it is important for providers to refer to Point32Health's [Behavioral Health and Substance Use Disorder Payment Policy](#) before submitting claims for CMHC services.

While prior authorization for CMHC services is not required, notification of admission to a community crisis stabilization or acute residential treatment program within a CMHC must be provided within two business days. Refer to Point32Health's [Behavioral Health Inpatient and 24 Hour Level of Care Determinations Medical Necessity Guidelines](#) for more information.

Upon admission to a partial hospitalization program, notification is required within one calendar day. Additional information can be found within Point32Health's [Behavioral Health Level of Care for Non 24 Hour/Intermediate/Diversionary Services Medical Necessity Guidelines](#). ▲

Synagis coverage for the 2024-2025 RSV season

Harvard Pilgrim Health Care Commercial | Tufts Health Direct | Tufts Health Plan Commercial | Tufts Health RITogether

Point32Health would like to remind providers of our policy regarding Synagis (palivizumab), an injection of antibodies used to protect high-risk infants from severe respiratory syncytial virus (RSV) disease, for the 2024-2025 season.

Synagis requires prior authorization and should be reserved for infants with a history of pre-term birth and children with chronic lung disease or congenital heart disease. For members who qualify to receive five doses, the first dose

is typically administered at the beginning of November and the last dose at the beginning of March to provide protection into April.

Requesting authorization

Point32Health manages prior authorization for medical drugs, including Synagis. Refer to the [Synagis Medical Necessity Guidelines](#) in the [Medical Benefit Drug Medical Necessity Guidelines](#) section of our provider website for clinical coverage criteria. Prescribing providers should request authorization for Synagis via PromptPA, which you can access [directly](#) or through the [Harvard Pilgrim](#) or [Tufts Health Plan](#) provider portals, or by fax.

Online submission will enable you to easily view drug specific criteria questions, attach clinical information, and receive a response more quickly.

For Harvard Pilgrim Commercial, Tufts Health Plan Commercial, and Tufts Health Direct, providers can also obtain Synagis from CVS Caremark for authorized members, and members are responsible for their appropriate cost share. If any of your patients have questions about their cost share for Synagis, please direct them to the Harvard Pilgrim or Tufts Health Plan Member Services phone number on the back of their ID card.

As a reminder, for Tufts Health Together, coverage and criteria for Synagis are available through the [MassHealth Drug List](#). ▲

Enrollment/screening for RI Medicaid providers

Tufts Health RITogether

As a reminder, if you are a Rhode Island Medicaid provider who hasn't completed screening and enrollment with the state Medicaid program, it's important to do so to ensure that you can continue to participate in our Tufts Health RITogether network.

The 21st Century Cures Act requires that states screen and enroll all providers rendering services to Medicaid members, regardless of specialty.

We encourage unscreened providers to complete screening and enrollment with Rhode Island Medicaid as soon as possible — to allow you to receive reimbursement for Tufts Health RITogether members and to ensure you can remain in our Tufts Health RITogether network in the future.

The application for enrollment/screening can be accessed directly on the [RI Medicaid Healthcare Portal](#) (www.riproviderportal.org). You'll also find a Provider Enrollment User Guide there, and additional information can be found on the RI EOHHS website (<https://eohhs.ri.gov/providers-partners/provider-enrollment>).

If you have any other questions or concerns that are not answered by the Provider Enrollment User Guide, please contact the RI Medicaid Customer Service Help Desk at 800-964-6211. ▲

Electronic corrected claims reminder

Tufts Health Plan Commercial | Tufts Health Public Plans

As a reminder, when submitting corrected claims electronically, please avoid attaching documentation of previous payment information. This may incorrectly appear as a coordination of benefits or third-party liability claim request, and may in turn delay the processing of the corrected claim and your payment. For more information on Point32 Health's submission requirements for corrected claims, refer to the Claims sections of our [Provider Manuals](#). ▲

Point32Health Medical Necessity Guideline updates

All products

The chart below identifies updates to our Medical Necessity Guidelines. For additional details, refer to the [Medical Necessity Guidelines page](#) on our Point32Health provider website, where you can find coverage and prior authorization criteria for our Harvard Pilgrim and Tufts Health Plan lines of business.

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products Affected	Eff. Date	Summary
Genetic and Molecular Diagnostic Testing	Tufts Health Plan Commercial	12/1/2024	Prior authorization will be required for CPT code 0473U.
Continuous Glucose Monitoring and Diabetes Management Devices	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether, Tufts Health One Care	12/1/2024	Coverage will be added for long-acting basal insulin and revised gestational diabetes criteria. In addition, prior authorization will be required for the implantable continuous glucose monitor codes 0446T, 0447T, and 0448T. For Tufts Health One Care, prior authorization will be required for codes A4329 and E2103. For Tufts Health RITogether, prior authorization will be required for codes A9276, A9277, and A9278.
Continuous Glucose Monitoring Systems: Freestyle and Dexcom Products	Tufts Health One Care	12/1/2024	Minor updates to criteria, and prior authorization will be required for codes A4238 and E2102.
Continuous Glucose Monitoring Systems: Freestyle and Dexcom Products	Harvard Pilgrim Stride SM (HMO)/(HMO-POS) Medicare Advantage, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options	10/1/2024	Minor updates to criteria.
Absorbent Products	Tufts Health Together, Tufts Health One Care	10/1/2024	Minor updates to criteria, as well as defining "indeterminable" incontinence.
Gender Affirming Services	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether, Tufts Health Together, Tufts Health One Care	10/1/2024	Minor updates to criteria.
Genetic Testing: Whole Exome and Whole Genome Sequencing	Tufts Health Plan Commercial	10/1/2024	Added epilepsy as a covered indication.

Updates to Medical Necessity Guidelines (MNG)			
Annual review: <ul style="list-style-type: none"> Intensity Modulated Radiation Therapy Proton Beam Therapy Stereotactic Radiosurgery and Stereotactic Body Radiotherapy Tumor Treating Fields Pluvicto Breast Pumps Child Care Services for Members enrolled in Tufts Health Plan's Healthy Birthday Program Donor Breast Milk for Maine Products Genetic Testing – Cell Free DNS Screening for Fetal Trisomy (THP Commercial ONLY) Genetic Testing – Prenatal Diagnosis, Carrier Screening (THP Commercial ONLY) Hysterectomy Fecal Microbial Transplant (FMT) for Clostridium Difficile Infection Monitored Anesthesia Care for Assistance for Gastrointestinal Endoscopic Procedures Solid Organ Transplant – Liver Solid Organ Transplant – Pancreas Solid Organ Transplant – Intestinal Upper Gastrointestinal Endoscopy Video Capsule Endoscopy 	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Public Plans	10/1/2024	Annual review of a number of MNGs pertaining to radiation oncology, obstetrics and gynecology, and gastrointestinal services. Minor criteria updates for Intensity Modulated Radiation Therapy MNG, and no changes for the remaining MNGs reviewed.



Point32Health medical drug program updates

All products

The chart below identifies updates to our medical benefit drug program. For additional details, refer to the Medical Necessity Guidelines associated with the medical drug in question, which you can find on our Point32Health [Medical Benefit Drug Medical Necessity Guidelines page](#). Point32Health is the parent company of Harvard Pilgrim Health Care and Tufts Health Plan.

Alternatively, some medical drugs are managed through an arrangement with OncoHealth when utilized for oncology purposes for Harvard Pilgrim Commercial and Harvard Pilgrim StrideSM (HMO)/(HMO-POS) Medicare Advantage members. You can find information about this program on the [OncoHealth page](#) in the [Vendor Programs](#) section of Point32Health's provider website and you can access the prior authorization policies for these drugs directly on [OncoHealth's webpage for Harvard Pilgrim](#).

Tufts Health Together utilizes MassHealth's Unified Formulary for pharmacy medications and select medical benefit drugs; for drug coverage and criteria refer to the [MassHealth Drug List](#).

New prior authorization programs for OncoHealth drugs		
MNG/Drug(s)	Plan & additional information	Eff. date
Pemetrexed (Apotex)	Harvard Pilgrim Commercial, Harvard Pilgrim Stride SM (HMO)/(HMO-POS) Medicare Advantage Prior authorization is now required (HCPCS code J9999).	10/1/2024
Rytelo	Harvard Pilgrim Commercial, Harvard Pilgrim Stride SM (HMO)/(HMO-POS) Medicare Advantage Prior authorization is now required (HCPCS code J9999).	10/1/2024
Docivyx	Harvard Pilgrim Commercial Prior authorization is now required (HCPCS code J9999).	10/1/2024
Eribulin Mesylate	Harvard Pilgrim Commercial Prior authorization is now required (HCPCS code J9999).	10/1/2024
Imdelltra	Harvard Pilgrim Commercial Prior authorization is now required (HCPCS code J9999).	10/1/2024

New prior authorization programs		
MNG/Drug(s)	Plan & additional information	Eff. date
Durysta (bimatoprost intracameral implant) Unified Medical Policies	Tufts Health Together Prior authorization will be required for Durysta (HCPCS J7351), approved by the FDA in March 2020 for the reduction of intraocular pressure in patients with open angle glaucoma or ocular hypertension.	12/1/2024
Omisirge (omidubicel-only)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Harvard Pilgrim Stride SM (HMO)/(HMO-POS) Medicare Advantage, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health Direct, Tufts Health RITogether, Tufts Health One Care Omisirge (HCPCS J3590), which was approved by the FDA in April 2023 for the treatment of patients with hematologic malignancies, is now covered with prior authorization. Medicare Advantage/Senior Products (Harvard Pilgrim Stride, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health One Care) will use MassHealth's criteria for review. As a reminder, this coverage is already in place for Tufts Health Together, which uses the MassHealth Unified Formulary .	10/1/2024
Vyjuvek	Harvard Pilgrim Stride SM (HMO)/(HMO-POS) Medicare Advantage, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health One Care Updated policy to specify that Vyjuvek will not be authorized in members who are currently on Filsuvez (birch triterpenes topical gel), as combination use with Vyjuvek and Filsuvez has not been studied.	10/1/2024
Anktiva (nogapendekin alfa inbakicept-pmIn) (Commercial and Public Plans)	Tufts Health RITogether, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health One Care Prior authorization is now required for Anktiva (HCPCS C9169), approved April 2024, for the treatment of adult patients with Bacillus	10/1/2024

New prior authorization programs		
MNG/Drug(s)	Plan & additional information	Eff. date
Anktiva (nogapendekin alfa inbakicept-pmIn) (Senior Products)	Calmette-Guérin unresponsive nonmuscle invasive bladder cancer with carcinoma in situ with or without papillary tumors.	
Tyenne (tocilizumab-aazg) Targeted Immunomodulators Skilled Administration (Commercial and Tufts Health Direct) Targeted Immunomodulators Skilled Administration (Tufts Health RITogether) Targeted Immunomodulators Skilled Administration (Senior Products)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether, Harvard Pilgrim Stride SM (HMO)/(HMO-POS) Medicare Advantage, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health One Care Prior authorization is now required for Tyenne (HCPCS Q5135), approved by the FDA in March 2024, for the treatment of adults with rheumatoid arthritis, adults with giant cell arteritis, patients at least 2 years of age with polyarticular juvenile idiopathic arthritis, and patients at least 2 years of age with systemic juvenile idiopathic arthritis.	10/1/2024
Kisunla (donanemab-azbt) (Commercial, Public Plans, Tufts Health RITogether)	Harvard Pilgrim Commercial, Tufts Health RITogether, Tufts Health Plan Commercial, Tufts Health Direct Prior authorization is now required for Kisunla (HCPCS J0175), approved by the FDA in July 2024 for the treatment of Alzheimer's disease. Treatment with Kisunla should be initiated in patients with mild cognitive impairment or mild dementia stage of disease, the population in which treatment was initiated in the clinical trials.	10/1/2024

Updates to existing prior authorization programs		
MNG/Drug(s)	Plan & additional information	Eff. date
Complement Inhibitors	Tufts Health RITogether, Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	1/1/2025
Evkeeza (evinacumab-dgnb)	Tufts Health RITogether, Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	1/1/2025
Leqvio (inclisiran)	Tufts Health RITogether, Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	1/1/2025
Rystiggo (rozanolixizumab-noll)	Tufts Health RITogether, Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	1/1/2025
Tepezza (teprotumumab-trbw)	Tufts Health RITogether, Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	1/1/2025
Vyvgart (efgartigimod alfa-fcab), Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvfc)	Tufts Health RITogether, Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	1/1/2025
Givlaari (givosiran) Givlaari	Harvard Pilgrim Stride SM (HMO)/(HMO-POS) Medicare Advantage, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health One Care	12/1/2024

Updates to existing prior authorization programs		
MNG/Drug(s)	Plan & additional information	Eff. date
	Adding provider specialty requirements and updating diagnosis requirements.	
Remodulin (treprostinil) Pulmonary Hypertension Medications	Tufts Health RITogether, Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct Requests for brand name Remodulin will require documented failure of an adequate trial or inability to tolerate generic treprostinil.	12/1/2024
New to Market (NTM) Drugs	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Harvard Pilgrim Stride SM (HMO)/(HMO-POS) Medicare Advantage, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health One Care MNG name updated from New to Market (NTM) Drug Evaluation Process Under the Medical Benefit to New to Market (NTM) Drugs. Minor criteria update to add clarification related to gene therapies.	10/1/2024
Durolane, Euflexxa, Gel-One, Gel-Syn, GenVisc 850, Hyalgan, Hymovis, Monovisc, Orthovisc, Supartz, Synjoynt, Synvisc, Synvisc One, Triluron, Trivisc, and Visco-3 Unified Medical Policies	Tufts Health Together Viscosupplements will remain managed with prior authorization; however, effective for fill dates on or after Oct. 1, 2024, coverage criteria will be unified with MassHealth. As a result, all viscosupplements will now fall under the Unified Medical Policies MNG.	10/1/2024
Zolgensma	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct Minor updates for consistency with criteria for other gene therapies.	10/1/2024



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