

Insights and Updates for Providers

April 2025

Clarified billing reminder: ambulatory surgical center services

All products

In the March issue of *Insights and Updates for Providers* we offered some reminders of correct coding practices to keep in mind during certain billing scenarios, including when billing for ambulatory surgical center services.

We're providing another reminder to support our providers in ensuring that you're billing appropriately for these services, and to offer some additional clarification. When billing for **ambulatory surgical center facility** services on a CMS-1500 form or an 837 professional claim transaction, remember to include the modifier SG in order to apply the correct benefit configuration (e.g., cost sharing, deductible).

Please keep in mind that this modifier is applicable only to claims from ambulatory surgical centers for facility charges; it is **not** billable on claims for physician or other qualified health care professional services. Modifier SG is intended for use as an informational modifier to be appended to any facility service rendered by an ambulatory surgical center to identify it as an ambulatory surgical center service.

When applicable, always submit a modifier that reduces the fee schedule/allowable amount in the primary modifier position, and modifier SG in the secondary position. ▲

MassHealth coverage change for rapid-acting insulin products

Tufts Health Together

As you may have seen, the MassHealth Pharmacy Program recently [released a prescriber e-letter](#) outlining changes effective April 1, 2025 to coverage of rapid-acting insulin products.

The communication details that prior authorization is required as of April 1 for all MassHealth members — including members of our Tufts Health Together plans — prescribed insulin Aspart, to encourage the use of cost-effective short-acting insulin agents.

Prescribers are encouraged to consider transitioning patients from insulin Aspart to insulin Lispro if clinically appropriate, which will continue to be covered without prior authorization on the [MassHealth Drug List](#). **To switch a patient for treatment on or after April 1, 2025, please keep in mind that you will need to write a new prescription for insulin Lispro.**

If transitioning to insulin Lispro would not be clinically appropriate and your patient needs to continue on insulin Aspart, please submit a prior authorization request for medical necessity review, including documentation of an appropriate diagnosis and inadequate response, adverse reaction, or contraindication to insulin Lispro. ▲

Submission deadline for outstanding 2024 MassHealth claims

Tufts Health Together

If you provide care for Tufts Health Together members, please be aware that in order to meet MassHealth's submission deadline for settlement, all outstanding claims, claims corrections, and claims appeals for services provided between Jan. 1, 2024 and Dec. 31, 2024 must be submitted by July 11, 2025.

The most efficient way to submit claims or corrected claims is via electronic data interchange (EDI) in the HIPAA-compliant 837 format. To submit claims appeals, providers are encouraged to use the claims adjustment tool on the secure Tufts Health Plan [Provider portal](#).

For additional information and instructions on claims submission, please refer to the Claim Requirements, Coordination of Benefits and Dispute Guidelines [chapter](#) of the Tufts Health Public Plans Provider Manual. ▲

Updates to Inpatient Hospital Admissions Payment Policy

All products

Point32Health is making updates to our Inpatient Hospital Admissions Payment Policy, effective for dates of service beginning June 1, 2025.

Our current Inpatient Hospital Admissions Payment Policy states that members who are readmitted to the same hospital within 30 days of the original inpatient discharge for the same or a related condition for which they were treated during the original admission may be reviewed. If it is determined that the member is being treated for the same or a related condition as the original admission, the readmission will be retracted.

For dates of service on or after June 1, this review will apply to members who are readmitted to the same hospital **or the same hospital system** within 30 days of the original inpatient discharge. This change in review process supports [our goal of reducing avoidable readmissions](#) and will apply for claims paid using diagnosis-related group or case rate payment methodology for all Point32Health products.

Refer to [the updated policy](#) for more information. In addition, we have updated our [Readmission \(Bridging of Claims\) Payment Policy](#) for Tufts Health Plan Senior Products to reflect this change.

(Consistent with Maine regulations, a [redlined version](#) of the Inpatient Hospital Admissions policy is posted temporarily.) ▲

GLP-1 weight management medication coverage changes

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

Point32Health is making changes related to coverage of GLP-1 weight management medications, as part of our efforts to provide access to the most appropriate and efficacious health care options while managing health care costs.

Effective **July 1, 2025** for members of our Commercial large group, Massachusetts merged market, and Tufts Health Direct plans (Value, Premium, Core Massachusetts, Tufts Health Direct, and Harvard Pilgrim ConnectorCare formularies), **Zepbound will be designated as the preferred GLP-1 drug for the treatment of overweight and obesity in members 18 years of age and older.**

With this update to our preferred product strategy, **the medications Wegovy and Saxenda will be moved to non-formulary for the treatment of overweight or obesity in adults.** As a result:

- Members who are 18 and older and currently receiving Wegovy or Saxenda for the treatment of obesity or overweight will be required to switch to Zepbound.
- Prior authorizations for Wegovy and Saxenda will be end dated for June 30, 2025. Prescribers will need to issue a new prescription for Zepbound for these members if continued treatment of obesity or overweight is needed.

Notable exceptions

Please note that Wegovy and Saxenda will remain covered with prior authorization for members under 18 years of age. A new prior authorization will not be needed if adolescents have an approval for Wegovy or Saxenda prior to July 1, 2025.

In addition, Point32Health will continue to cover Wegovy to reduce the risk of major adverse cardiovascular events in adults with established cardiovascular disease and either obesity or overweight. A new prior authorization will need to be submitted to specify that Wegovy is needed for this indication.

Transitioning members to Zepbound

To help with the transition, all impacted members 18 and older who were approved for Wegovy or Saxenda for obesity or overweight treatment and had an approval beyond June 30, 2025, will automatically receive a new authorization for Zepbound to be covered at the pharmacy. The Zepbound authorization will have the start date of May 1, 2025 and will have the same end date as the current Wegovy/Saxenda authorization for plans with continued weight loss drug coverage. When it's time to renew the authorization, members must meet the reauthorization criteria with provider submission of starting and follow-up weights.

Utilizing members will be notified at least 60 days prior to the change. To request an exception, the prescribing provider must request coverage through the medical review process subject to our [Pharmacy Medical Necessity Guidelines](#) for [Non-Formulary Exceptions](#) and [Weight Loss Medications](#). Additional information on resources and programs for nutrition and weight management are available on Harvard Pilgrim's [wellness page](#). ▲

Claims editing platform updates

[Harvard Pilgrim Health Care Commercial](#) | [Tufts Health Direct](#) | [Tufts Health Plan Senior Care Options \(SCO\) Medi](#) | [Tufts Health RITogether](#) | [Tufts Health Together](#)

As we announced in previous issues of Insights and Updates for Providers, in January 2025 Point32Health began making updates to align our claims editing platforms for Tufts Medicare Preferred members.

In an effort to consistently apply industry standard claims edits reflecting national correct coding and guidelines from state regulatory agencies, **we will apply similar updates for claims with dates of service on or after June 1, 2025, for members of our Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, and Tufts Health Plan Senior Care Options (SCO) Medi (Medicaid-only) plans.** (The updates will not apply to SCO-SNP (dual eligible) members. Refer to [this quick reference guide](#) for help distinguishing between SCO Medi and SCO-SNP members.)

For this effort we'll be leveraging existing tools, and you'll continue to submit claims the same way you do today. This work is part of our ongoing commitment to ensuring accurate claims processing and consistency with correct coding standards. ▲

Reducing drug wastage for outpatient chemotherapy drugs

[Harvard Pilgrim Health Care Commercial](#)

We're pleased to announce a new program aimed at reducing drug waste, in collaboration with OncoHealth, which conducts medical review of chemotherapeutic protocols for Harvard Pilgrim Health Care Commercial members. The new optional vial rounding program helps reduce drug waste and manage costs, including the patient's out-of-pocket costs, by decreasing the member's dosage within clinically appropriate ranges to prevent a subsequent vial from being opened, when most of that vial will go unused.

Drug name	Original patient-specific dose / admin	Rounded dose / admin	Recommended Vials / admin	Total dose / admin	Accept rounding recommendation
Bevacizumab-awwb (Mvasi)	850 mg	765 mg	8 x 100 mg vials	800 mg	<input type="checkbox"/>

If everything is correct, submit your request. You will not be able to make changes through the portal once submitted. To make corrections, hit Close to go back.

When you request prior authorization for a chemotherapy protocol through [OncoHealth's digital platform](#), the tool calculates the patient's dose based on their specifics, such as height, weight and body surface area. If applicable, it will then provide a vial rounding recommendation, in which the dose is adjusted by no more than 10 percent. The provider has the option to accept or reject the change, as the example above shows.

If a provider opts to call OncoHealth for prior authorization, rather than use the portal, they will be asked select questions to allow for a vial rounding recommendation to be made.

[This flyer](#) offers more information on the vial rounding program. You can learn more about the OncoHealth utilization management review program by visiting the [Vendor Programs page](#) on the Point32Health website and the [OncoHealth page dedicated for Harvard Pilgrim](#).

If you have any questions about vial rounding or need help accessing the [OncoHealth OneUM provider portal](#), contact OncoHealth Client Support via [email](#) or at 888-916-2616. ▲

Help us keep directory information up to date

All products

Provider directories are an important resource for health care consumers, who utilize them to select providers, make appointments, and access care. In accordance with the No Surprises Act of 2021, providers should review and revalidate their information every 90 days to ensure accuracy of the Provider Directory. Failure to review and update information at least every 90 days may result in directory suppression until such information is validated.

At a minimum of every 90 days, providers should make sure to review and verify the accuracy of their information displayed in our [Harvard Pilgrim Health Care](#) and [Tufts Health Plan](#) provider directories (including practice location, phone number, hours of operation, ability of each individual provider to accept new patients, and any other information that affects the content or accuracy of the directories).

Reporting changes

Changes to data should be reported via the [CAQH Provider Data Portal](#) for those who have implemented it. Please keep in mind that the CAQH Provider Data Portal has recently been updated with some additional required data fields, as we announced in [this article](#).

Report any contractual affiliation or role changes as they occur — such as a provider leaving or joining a contracted provider group or practice — to Harvard Pilgrim and/or Tufts Health Plan by:

- Submitting a [Provider Change Form](#) to Harvard Pilgrim’s Provider Processing Center for Harvard Pilgrim products by email at PPC@point32health.org, or;
- Submitting a [Medical](#) or [Behavioral Health](#) Provider Information Form to provider_information_dept@point32health.org for Tufts Health Plan products.

We’ve developed the table below to provide more clarity on which types of requests can/should be submitted directly to Harvard Pilgrim/Tufts Health Plan or to CAQH:

Request Type	Communication Method		
	Submit directly to HPHC	Submit directly to THP	CAQH
New or terminated TIN affiliation	Yes	Yes	No
Change in function or role (e.g., PCP to specialist)	Yes	Yes	No
Specialty changes or additions	Yes	Yes	No
Termination (e.g., retirement, relocation)	Yes	Yes	No
Panel status changes (e.g., opening or closing panel)	No	Yes	Yes
Hospital admitting privileges	No	No	Yes

Request Type	Communication Method		
	Submit directly to HPHC	Submit directly to THP	CAQH
Demographic: <ul style="list-style-type: none"> • Change in address under existing TIN • New address location under existing TIN • Phone # changes 	No	No	Yes

Only changes reported via the requested method will be accepted and processed by Harvard Pilgrim and/or Tufts Health Plan.

If Point32Health identifies potentially inaccurate provider information in the directories, we may outreach to your practice to validate or obtain accurate information. If we are unable to obtain a timely response, the provider record may be subject to suppression in the directories until up-to-date information is received.

Harvard Pilgrim attestation for facilities

As a reminder, for Harvard Pilgrim contracted facilities, confirmation of your directory data should be submitted using the recently enhanced facility attestation functionality available on Harvard Pilgrim's secure provider portal, [HPHConnect](#). This online form allows facilities to confirm that their information is accurate every 90 days to avoid directory suppression. For step-by-step instructions on how to complete the attestation form, please refer to the updated [Completing the Provider Data Attestation for Facilities User Guide](#).

Additional information

For additional information, please refer to the updated Directory Accuracy and Suppression of Unverified Provider Information policy for [Harvard Pilgrim Commercial plans](#), as well as the Directory Accuracy and Suppression of Unverified Provider Information sections recently added to the Providers sections of our Tufts Health Plan [Commercial](#), [Senior Products](#), and [Public Plans](#) Provider Manuals. ▲

Announcing new integrated Point32Health payment policies

All products

In the continued interest of delivering a seamlessly integrated Point32Health experience for our provider partners, we've developed the following new merged Payment Policies and will be concurrently archiving their respective legacy equivalents, as detailed below.

- **Advanced Practice Providers Payment Policy:** This Point32Health policy is replacing the former Harvard Pilgrim Health Care Certified Nurse Midwives, Certified Professional Midwives, Nurse Practitioners and Physician Assistants Payment Policy, as well as the Tufts Health Plan Nurse Practitioners and Physician Assistants Payment Policy.
- **Newborn Payment Policy:** The Point32Health Newborn Payment Policy will replace the Harvard Pilgrim Newborn Care and Tufts Health Plan Newborn Payment Policies.
- **Audiology:** The new integrated Point32Health Audiology Payment Policy is replacing the previous legacy Harvard Pilgrim and Tufts Health Plan Audiology Payment Policies.

For complete information, please refer to the [Payment Policies section](#) of our provider website.

And [as a reminder](#), we recommend that you bookmark the [Point32Health provider site](#), as we've recently completed the work of moving all pertinent content from the legacy Harvard Pilgrim and Tufts Health Plan sites to this one centralized location so you can access all the resources you need without navigating between multiple sites. ▲

Audiology Payment Policy updated with new claim edits

Harvard Pilgrim Health Care Commercial

We're making some updates to our Audiology Payment Policy and associated billing and reimbursement practices, effective for dates of service beginning June 1, 2025.

As noted in [this article](#) also in this issue of Insights and Updates for Providers, we've developed an integrated [Point32Health Payment Policy for Audiology](#), which is replacing the previous plan-specific Harvard Pilgrim and Tufts Health Plan Audiology Payment Policies. The following claim edits on the policy, which currently apply for Tufts Health Plan products, will be applied to Harvard Pilgrim Commercial plans as of June 1:

Acoustic reflex testing

CPT codes 92568 or 92570 (acoustic reflex testing) are compensated no more than once within six months (180 days) unless the diagnosis is one of the following:

- Benign neoplasm of brain/nervous system
- Conversion disorder
- Disease of the ear and mastoid process
- Encounter for antineoplastic chemotherapy
- Long-term use of antibiotics
- Multiple sclerosis
- Poisoning by other specified antibiotics

Maximum unit limitations

- 92557 or 0212T (comprehensive audiometry threshold evaluation and speech recognition) are reimbursed only once per year unless billed with a requisite diagnosis.
- 92567 (tympanometry) is reimbursed only twice per year unless billed with a requisite diagnosis.

(Consistent with Maine regulations, a [redlined version](#) of this policy is posted temporarily.) ▲

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
Noncovered Investigational Services	Harvard Pilgrim Commercial, Tufts Health Plan Commercial Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	6/1/2025	The following services will no longer be covered: <ul style="list-style-type: none">• Dynasplint (E1825)• Low intensity extracorporeal shockwave therapy for treatment of erectile dysfunction (0864T)• UroCuff evaluation of lower urinary tract symptoms (55899)• PCR tests for UTI panels

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products Affected	Eff. Date	Summary
			<ul style="list-style-type: none"> EpiMonitor (Empatica) system for detection of seizures <p>The following services will now be eligible for coverage:</p> <ul style="list-style-type: none"> Removal of enhanced liver fibrosis biomarker test (for Tufts Health Together and Tufts Health One Care only) AEYE (Artificial intelligence diagnostic system for diabetic retinopathy) (92229)
MassHealth Adjudicated Payment Amount per Discharge and Adjudicated Payment per Episode Carve Out Drugs	Tufts Health Together	4/1/2025	<p>In accordance with MassHealth’s Managed Care Entity Bulletin 125, prior authorization review for all one-time infused cell and gene therapies identified on the MassHealth Acute Hospital Carve-Out Drug List found on this page (including Adjudicated Payment Amount per Discharge [APAD] and Adjudicated Payment per Episode of Care [APEC] drugs) will now be conducted through the MassHealth Drug Utilization Review (DUR) Program. These drugs must be submitted to the DUR Program for review and approval before administration, and MassHealth will pay the claims directly.</p> <p>To request prior authorization for one of these drugs via the MassHealth DUR program, you may submit the appropriate drug form from MassHealth’s Prior Authorization Forms for Pharmacy Services page by fax to (877) 208-7428.</p> <p>Please keep in mind that only authorization requests for the APAD and APEC drugs themselves will be reviewed by the MassHealth DUR program. You should continue to send all other requests, including the notification of the inpatient stay to administer the drug, to Point32Health.</p>
Apos Therapy System	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Medicare Preferred	4/1/2025	<p>New MNG detailing coverage of the Apos therapy system, an FDA-approved foot-worn biomechanical device used to reduce chronic knee and low back pain.</p> <p>The Apos device has been shown to decrease use in opioids and can aid in</p>

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products Affected	Eff. Date	Summary
			<p>delaying a member's need for surgery. The device is indicated for members with knee osteoarthritis or chronic low back pain that has persisted despite conservative pain management methods such as physician therapy, pharmaceutical treatment, or lifestyle changes.</p> <p>Apos therapy system should be reported using CPT code 97799, and prior authorization is not required.</p>
Clinical Trials	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	4/1/2025	Minor updates to criteria including clarification that Massachusetts requirements outlined on the policy only apply to clinical trials intended to treat cancer, as well as a coverage limitation for New Hampshire products that excludes the cost of an investigational new drug or device that is not approved for market for any indication by the FDA.
Reconstructive and Cosmetic Services	Tufts Health Together, Tufts Health One Care	4/1/2025	Rhinoplasty will now be reviewed using MassHealth criteria rather than InterQual criteria.
Continuous Glucose Monitoring and Diabetes Management Devices	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether, Tufts Health One Care	4/1/2025	<p>Minor criteria updates to better align with current literature.</p> <p>As a reminder, prior authorization is required for all codes identified on the policy, including CPT codes 0446T, 0447T, and 0448T.</p>
<p>Enteral Nutrition, Digestive Enzyme Cartridges and Special Medical Formulas for Tufts Health Together and Tufts Health One Care</p> <p>Enteral Nutrition Products and Digestive Enzyme Cartridges for RITogether</p> <p>Oral Formulas and Enteral Nutrition</p>	Tufts Health Together, Tufts Health RITogether, Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health One Care, Tufts Health Direct	4/1/2025	Minor updates to criteria for Relizorb digestive enzyme cartridge to more closely reflect FDA labeling.
MassHealth guidelines for treating erectile dysfunction	Tufts Health Together, Tufts Health One Care	4/1/2025	HCPCS code L7900 will be covered without prior authorization for Tufts Health Together and Tufts Health One Care.

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products Affected	Eff. Date	Summary
Evolent diagnostic cardiology guidelines	Harvard Pilgrim Commercial	4/1/2025	Prior authorization is no longer required for CPT code 93325 (Doppler color flow imaging technique). Prior authorization was previously managed through Evolent's cardiac diagnostic program for Harvard Pilgrim Commercial plans but will no longer be required in alignment with Point32Health's other lines of business.
Clinical Review of Dental Services in the Medical Benefit	Harvard Pilgrim Commercial	3/1/2025	When requesting prior authorization for surgical dental procedures, providers may now submit CPT code 41899 (unlisted procedure, dentoalveolar structures), when appropriate.
Tufts Medicare Preferred (HMO and PPO) Prior Authorization, Notification, and No Prior Authorization Tufts Health Senior Care Options Prior Authorization, Notification, and No Prior Authorization	Tufts Medicare Preferred, Tufts Health Plan Senior Care Options	1/1/2025	Prior authorization is no longer required for CPT codes 93970 and 93971 related to the treatment of varicose veins.



Prior authorization reminder: intensity-modulated radiation therapy

[Harvard Pilgrim Health Care Commercial](#) | [Tufts Health Direct](#) | [Tufts Health Plan Commercial](#) | [Tufts Health Plan Senior Care Options](#) | [Tufts Health RITogether](#) | [Tufts Health Together](#) | [Tufts Medicare Preferred](#)

In the [November issue of Insights and Updates for Providers](#), Point32Health announced a new prior authorization requirement effective Jan. 1, 2025 for intensity-modulated radiation therapy (IMRT). As detailed in that article, a 90-day continuity of care plan was put in place for members who were in an active course of IMRT treatment prior to Jan. 1, in alignment with our Out of Network at the In Network Level of Benefit and Continuity of Care Medical Necessity Guidelines.

We're reminding our provider community that **as of April 1, 2025, the continuity of care period has ended, and a prior authorization must be obtained for the following codes for all members starting IMRT prior to their course of treatment:**

- 77385
- 77386
- G6015
- G6016

For prior authorization and coverage criteria, please refer to the Intensity-Modulated Radiation Therapy policy on our [Medical Necessity Guidelines webpage](#). ▲

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 (the parent company of Harvard Pilgrim Health Care and Tufts Health Plan) [Medical Benefit Drug Medical Necessity Guidelines page](#).

Alternatively, some medical drugs are managed through an arrangement with OncoHealth when utilized for oncology purposes for Harvard Pilgrim 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
Medical Benefit Step Therapy Nypozi	Harvard Pilgrim Commercial Prior authorization is now required for Nypozi (HCPCS code Q5148) as a non-preferred drug under OncoHealth's Part B Step Therapy program.	6/1/2025
Updates to existing prior authorization programs for OncoHealth drugs		
MNG/Drug(s)	Plan & additional information	Eff. date
Pluvicto	Harvard Pilgrim Commercial Criteria updated to no longer require that Pluvicto be used with a taxane-based chemotherapy, and to specify that the member being treated with Pluvicto has not received Radium-223 in the prior 6 months and has not received prior PSMA-targeted radioligand therapy.	4/1/2025

New prior authorization programs		
MNG/Drug(s)	Plan & additional information	Eff. date
Erzofri (paliperidone palmitate) Antipsychotic Medications	Tufts Health Together Prior authorization is now required for Erzofri (HCPCS J3490), approved by the FDA in July 2024 for the treatment of schizophrenia in adults and treatment of schizoaffective disorder in adults as monotherapy and as an adjunct to mood stabilizers or antidepressants. Coverage criteria will be added to the Antipsychotic Medications Medical Necessity Guidelines.	4/1/2025
Vyloy (zolbetuximab-clzb) Unified Medical Policies	Tufts Health Together Prior authorization is now required for Vyloy (HCPCS J9999), approved by the FDA in October 2024 in combination with fluoropyrimidine- and platinum-containing chemotherapy for the	4/1/2025

New prior authorization programs		
MNG/Drug(s)	Plan & additional information	Eff. date
	<p>first-line treatment of adults with locally advanced unresectable or metastatic human epidermal growth factor receptor 2 (HER2)-negative gastric or gastroesophageal junction adenocarcinoma whose tumors are claudin (CLDN) 18.2 positive as determined by an FDA-approved test.</p> <p>Coverage criteria will be unified with MassHealth under the Unified Medical Policies Medical Necessity Guidelines.</p>	
Niktivmo (axatilimab-csfr)	<p>Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health One Care, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether</p> <p>Prior authorization is now required for Niktivmo (HCPCS J3590), approved by the FDA in August 2024 for the treatment of chronic graft-versus-host disease (cGVHD) after failure of at least two prior lines of systemic therapy in adult and pediatric patients weighing at least 40 kg.</p>	4/1/2025
Hympavzi (marstacimab-hncq)	<p>Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health One Care, Tufts Health Plan Commercial, Harvard Pilgrim Health Care Commercial, Tufts Health Direct, Tufts Health RITogether</p> <p>Prior authorization is now required for Hympavzi (HCPCS J3590), approved by the FDA in October 2024 for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in adult and pediatric patients 12 years of age and older with hemophilia A without factor VIII inhibitors or hemophilia B without factor IX inhibitors.</p>	4/1/2025
<p>Aucatzyl (Tufts Health One Care, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options)</p> <p>Aucatzyl (Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct)</p>	<p>Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health One Care, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options</p> <p>Prior authorization is now required for Aucatzyl (HCPCS C9301), a CD19-directed genetically modified autologous T cell immunotherapy indicated for the treatment of adults with relapsed or refractory B-cell precursor acute lymphoblastic leukemia (ALL).</p>	4/1/2025
<p>Tecelra (Tufts Health One Care, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options)</p> <p>Tecelra (Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct)</p>	<p>Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health One Care, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options</p> <p>Prior authorization is now required for the CAR t-cell medication Tecelra (HCPCS Q2057).</p>	4/1/2025

Updates to existing prior authorization programs		
MNG/Drug(s)	Plan & additional information	Eff. date
Hemlibra (emicizumab-kxwh)	Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health One Care Adding requirement that patients have severe hemophilia as defined by less than 1% of endogenous factor VIII.	6/1/2025
Pluvicto	Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether Criteria updated to no longer require that Pluvicto be used with a taxane-based chemotherapy, and to specify that the member being treated with Pluvicto has not received Radium-223 in the prior 6 months and has not received prior PSMA-targeted radioligand therapy.	4/1/2025
Breyanzi	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether, Tufts Health One Care, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options Criteria updated to remove a limitation in alignment with National Comprehensive Cancer Network guidelines and published journals.	4/1/2025



Pharmacy coverage changes

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

Updates to existing prior authorization programs			
Drug	Plan	Eff. date	Policy & additional information
Contrave (naltrexone/bupropion) extended-release tablet Saxenda (liraglutide) Injection Wegovy (semaglutide) injection Zepbound (tirzepatide) injection	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	7/1/2025	Weight Loss Medications Removed Wegovy and Saxenda from the MNG. Added age of 18 years or older to initial criteria for Zepbound and Contrave. Added requirement in reauthorization criteria for submission of baseline and follow-up weights from visit. Added limitation statement that the plan will not authorize coverage of a GLP-1 agonist or GLP-1 compounded product that is not FDA-approved for weight loss. For more details, please refer to this article also published in this issue of Insights and Updates for Providers.
Non-Formulary Exceptions	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	7/1/2025	Non-Formulary Exceptions Added clarification about documentation of needle phobia when requesting injectable products.

Updates to existing prior authorization programs			
Drug	Plan	Eff. date	Policy & additional information
			Added clarification on adequate trial of preferred weight loss medications for applicable formularies. Added clarification for formulary alternatives as appropriate for member's age.
Serostim (somatropin)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	6/1/2025	Lipodystrophy Agents: Egrifta SV (tesamorelin) and Serostim (somatropin) Removed Serostim from coverage criteria for Human Immunodeficiency Virus (HIV)-associated Lipodystrophy.
Aimovig (erenumab-aooe) Ajovy (fremanezumab-vfrm) Emgality (galcanezumab-gnlm) Ubrovelvy (ubrogepant) Nurtec ODT (rimegepant) Qulipta (atogepant)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	6/1/2025	Non-Triptan Migraine Medications Added a limitation that gabapentin and pregabalin are not considered valid trial of anticonvulsant medications for migraine prophylaxis.
Voquezna (vonoprazan)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	6/1/2025	Voquezna Pak Removed clarithromycin-based therapy as a prerequisite for members who have a contraindication or intolerance to bismuth quadruple therapy.

Drug Status Changes			
Drug	Plan	Eff. date	Policy & additional information
Vigabatrin 500 mg tablet	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together	6/1/2025	Vigabatrin 500 mg tablet will be added to the specialty pharmacy program provided by Optum Specialty.
Saxenda (liraglutide) Injection	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	7/1/2025	Weight Loss Medications Saxenda (liraglutide) injection will be moved to non-formulary. For more details, please refer to this article also published in this issue of Insights and Updates for Providers.
Wegovy (semaglutide) injection	Harvard Pilgrim Commercial, Tufts	7/1/2025	Weight Loss Medications Wegovy (semaglutide) injection will be moved to non-formulary.

Drug Status Changes			
Drug	Plan	Eff. date	Policy & additional information
	Health Plan Commercial, Tufts Health Direct		For more details, please refer to this article also published in this issue of Insights and Updates for Providers.
Sumatriptan-Naproxen tablet	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	7/1/2025	Sumatriptan-Naproxen tablet will be moved to non-formulary.
Almotriptan malate tablet	Harvard Pilgrim Commercial, Tufts Health Plan Commercial	7/1/2025	Almotriptan malate tablets are moving to a higher tier on the Premium, Value, and Core ME/Core NH/Core RI formularies, as outlined in the table below.

Drug Name	Formulary						
	Premium		Value			Core ME/Core NH/Core RI	
	4-Tier	3-Tier	5-Tier	4-Tier	3-Tier	5-Tier	4-Tier
almotriptan malate tablet	Tier 3	Tier 2	Tier 3	Tier 2	Tier 2	Tier 3	Tier 2



Language interpretation services reminder

All products

As part of an ongoing commitment to support our culturally diverse member population and the providers who may need assistance with language interpretation beyond their practice's resources, Point32Health would like to remind you of the services we have available to aid you in communicating with and caring for your non-English-speaking patients.

Harvard Pilgrim Health Care Commercial

If you need help with language interpretation during a patient appointment, we encourage you to call Harvard Pilgrim Member Services to connect you with our language interpretation partner. Available 24/7, their team consists of experts with proficiency in more than 240 languages. Harvard Pilgrim Member Services can be reached at 888-333-4742.

Additional information is outlined in the [Member Rights and Responsibilities](#) chapter of the Harvard Pilgrim Health Care Provider Manual.

Tuft Health Plan Commercial

Providers seeking language interpretation services for their patients are advised to work with Tufts Health Plan Member Services for guidance. Available by phone at 800-462-0224, a member of the team can connect you and your patient with a qualified interpreter and assist you with requests for written materials in a variety of languages.

Tufts Health Plan Public Plans

As detailed in the Providers chapter of the [Tufts Health Public Plans Provider Manual](#), we recommend that our Public Plan providers outreach to the member's plan for assistance with language interpretation. Contact numbers for Tufts Health Plan's Public Plans follow.

- Tufts Health RITogether: 844-301-4093
- Tufts Health Together and Tufts Health Direct: 888-257-1985
- Tufts Health One Care: 855-393-3154

If you are providing care for a Tufts Health RITogether member in need of an in-person interpreter, we ask that you contact us with the request at least 72 hours before the patient's visit. Member Services will coordinate and confirm the appointment with the interpretation provider prior to the visit date. If an interpreter is not available to provide in-person help on the day of a patient's appointment, the option for language interpretation through a virtual video call is available.

We encourage you to share feedback on your experiences with our interpretation services partner, and please be sure to inform Member Services in the unlikely event that they do not arrive for a scheduled appointment with you and your patient.

Telecommunications Relay Service (TRS)

To assist hearing-impaired or deaf members, you or your patients can utilize [TTY \(teletypewriter\) telephone technology through Telecommunications Relay Service \(TRS\)](#), a public service that can be accessed by calling 711.



Living Well Community – upcoming programs for providers and members

All products

Point32Health is pleased to share that our virtual 2025 Living Well Community — offering wellness webinars, guided meditation, fitness classes, and more — is thriving. In the months ahead, we'll focus on developing healthy eating habits; exploring seasonal and cultural cuisines; and making food choices to help optimize nutrition and reduce food waste.

We'll also continue to feature monthly interviews with leading mindfulness researchers through [The Art and Science of Awareness](#) series and offer weekly sessions with mindfulness experts and instructors designed to help us [Mind the Moment in Everyday Life](#).

For program details and session links, visit the [Living Well Community page](#), which is updated regularly. We encourage providers to share this information with patients, office staff, and community members who could benefit or may be interested in participating. The Living Well Community program is free, and no advanced registration is required.

To access recordings of past Living Well Community webinars, classes, and other offerings, visit the Point32Health [Living Well](#) and [Mind the Moment](#) YouTube pages. You can also [view the recorded version](#) of Dr. Jud Brewer's 2024 Hunger Habit workshop for Living Well, which is available until April 22, 2025. To access Living Well's 24/7 meditation hotline, featuring brief, pre-recorded sessions in English and Spanish, call 877-589-6736. ▲



Insights and Updates for Providers is a monthly newsletter for the network of Point32Health, the parent company of Harvard Pilgrim Health Care and Tufts Health Plan.

Read *Insights and Updates for Providers* online, and subscribe for email delivery, at www.point32health.org/provider. For questions or comments about this newsletter, contact provider_communications@point32health.org.

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