

Insights and Updates for Providers

July 2025

Point32Health Site of Service Payment Policy

All products

The work of streamlining policies and processes across our Harvard Pilgrim Health Care and Tufts Health Plan lines of business remains an important priority for Point32Health, as we strive to deliver a seamless provider experience. As part of that effort, we are introducing a new integrated Point32Health Site of Service Payment Policy. This merged policy will replace the previous Harvard Pilgrim Site of Service Payment Policy — and now apply to all products. For more information, check out our full list of [Payment Policies](#).

Changes to site of service differential logic

Consistent with the Centers for Medicare and Medicaid Services (CMS), reimbursement for services performed in a non-facility setting may be higher and reimbursement for services performed in a facility may be lower due to the site of service differential rate.

Effective for dates of service beginning Sept. 1, 2025, the site of service differential will be consistently applied to all Point32Health products. We are updating our site of service logic to reflect the same list of place of service (POS) codes established by CMS in the Medicare Claims Processing Manual's [Publication 100-04, CH 26, sect 10.5 – Place of Service Codes \(POS\) and Definitions](#).

Telehealth reimbursement update

In addition to the change in site of service logic, Point32Health will also update our methodology for the reimbursement of services rendered via telehealth/telemedicine.

Currently, a 20 percent decrement is applied to claims for medical services billed with POS 02 (telehealth provided other than in patient's home) and POS 10 (telehealth provided in patient's home) for Commercial products and Tufts Health Direct. For dates of service beginning Sept. 1, 2025, we will no longer apply this 20 percent decrement; telehealth and telemedicine services will instead be reimbursed in accordance with the site of service differential logic dependent upon the place of service billed.

For complete information, please refer to the [Telehealth/Telemedicine Payment Policy](#). (Consistent with Maine regulations, a [redlined version](#) of this policy is also posted temporarily.) ▲

Coverage changes for Stelara and biosimilars

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

We want to make you aware of upcoming coverage changes related to Stelara (ustekinumab) and biosimilars. We have notified affected members of these changes, as well.

For senior products and Tufts Health One Care

Effective July 1, 2025, for Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, and Tufts Health One Care, the ustekinumab biosimilars Yesintek (ustekinumab-kfce) and Steqeyma (ustekinumab-stba) are being added to the part D formulary and Stelara is being removed.

To continue providing ustekinumab therapy, prescribers should utilize Yesintek and Steqeyma for these members, which will be more cost effective for your patients than Stelara.

Prior authorization is required for these medications. However, the existing authorization for Stelara will be valid for Yesintek and Steqeyma, and you do not need to submit a new prior authorization request until that prior authorization expires.

We strongly recommend that you write a new prescription for Yesintek or Steqeyma to make the transition as seamless as possible.

For Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, and Tufts Health Direct

Effective Sept. 1, 2025, for our commercial and Tufts Health Direct products, Yestinek will be added to the formulary at a preferred status with prior authorization required, while **Stelara and all other FDA-approved biosimilars will be non-preferred, non-formulary.**

Patients currently utilizing Stelara will not need a new prior authorization request for Yesintek; however, we strongly recommend that you write a new prescription for Yesintek to make the transition as seamless as possible. ▲

OneTouch test strips moving to non-formulary

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

Effective Sept. 1, 2025, One Touch Test Strips will be moved to non-formulary status and all One Touch blood glucose meters will be excluded from the pharmacy benefit for Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, and Tufts Health Direct members.

Instead, Abbott manufactured test strips and blood glucose meters, such as FreeStyle and Precision, will be the preferred products. Please keep in mind that for patients currently using One Touch (manufactured by LifeScan), a new prescription for Abbott test strips and blood glucose meters will be needed to ensure continued coverage.

Members may be able to obtain a no-cost blood glucose meter from Abbott's diabetes care division by calling them toll-free at 800-680-6850 and providing offer code WC1T3MF3, or pharmacists should bill the following information:

RxBIN: 610020

Group #: 99992432

ID #: ERXOPTUM

To fill a prescription for a free blood glucose meter, you will need to get a new prescription from your doctor for a preferred Abbott Freestyle or Precision blood glucose meter. ▲

Prior authorization and claims denials for Maine

Harvard Pilgrim Health Care Commercial

As a reminder to Maine providers serving fully-insured Commercial members residing in Maine, a failure to comply with Harvard Pilgrim Health Care's prior authorization requirements will result in a retrospective medical necessity review of the services, instead of an outright denial of any claim for which a provider did not obtain an authorization prior to the service being rendered. As indicated in the [Dec. 2024 provider newsletter](#), this change occurred due to Maine legislation, specifically enactment of amendments to M.R.S.A. 24-A sec. §4304 (H.P. 485 – L.D. 796) effective Jan 1. 2025.

To reiterate and clarify:

- If a Maine provider has not secured the required authorization for a non-emergent service or a drug requiring prior authorization for these Maine members, Harvard Pilgrim will pend the claim for medical necessity review and contact the provider to request documentation to support the review. This documentation enables us to complete a thorough medical necessity review and render a determination (approval or denial) on the service. If we do not receive clinical documentation within 45 days of the request, we will conduct the medical necessity review based on the information available.
- If our review determines that the service fails to meet medical necessity guidelines, the claim will deny as not medically necessary.
- If the service or drug is approved upon medical necessity review, Harvard Pilgrim Health Care will process the claim and adjudicate it in accordance with our payment policies and the member's benefits. In accordance with this Maine legislation, effective as of Jan. 1, 2025, Harvard Pilgrim will assess a penalty of up to 15 percent of the provider's contractually allowed amount for the claim for failure to comply with prior authorization requirements.
- To ensure that claims are processed appropriately and without delay, please remember to always obtain the required prior authorizations before the service.

For additional information, please refer to the [Prior Authorization Policy](#) in the [Harvard Pilgrim Provider Manual](#). ▲

Advance notice for TIN change or addition

Harvard Pilgrim Health Care Commercial

Beginning Sept. 1, 2025, provider practices that are updating their practice information with new or additional Tax Identification Numbers (TINs) are required to provide 60 days advance written notice to Harvard Pilgrim. With this update, the timeframe for updating TINs is consistent across all Point32Health products.

All changes to provider enrollment must be made on a prospective basis. To make changes to this and other provider practice information, please utilize the [Harvard Pilgrim Provider Change Form](#). The completed form can be emailed to PPC@point32health.org, faxed to 866-884-3843, or mailed to Harvard Pilgrim Health Care, Attn: Provider Processing Center, 1 Wellness Way, Canton, MA 02021. ▲

Update on Tufts Health Together MCO for 2026

Tufts Health Together—MCOs

As we announced in the May issue of the newsletter, after careful consideration with MassHealth, Point32Health has decided to no longer offer Tufts Health Together MassHealth MCO, effective Jan. 1, 2026. If you are a provider who participates in the Tufts Health Together MCO, please keep the following in mind.

Please note, as well, that we will continue to offer our Tufts Health Together Accountable Care Partnership Plans (ACCPs, also known as ACOs) with Cambridge Health Alliance and UMass Memorial Health. You should continue to provide services to these members in the future.

If a Tufts Health Together MCO member asks you questions about the change

- This change does not impact the member's MassHealth eligibility. Tufts Health Together MCO will continue to provide them with care through Dec. 31, 2025.
- There is no action for members to take currently. MassHealth will ensure that members are assigned to a new plan and can continue receiving the services that they are eligible for as of Jan. 1, 2026.
- Tufts Health Together has sent initial information to members and MassHealth will mail additional details in Fall 2025. This will include information about their new plan assignment based on their PCP's participation. In the event the member wants to switch plans, MassHealth will also provide information on how to do so.

- The most crucial action for members right now is to update their contact information with MassHealth to ensure they receive this important notice. Patients can update their contact information via their Health Connector account at mahealthconnector.org or by calling MassHealth at 800-841-2900 (TTY: 711), Monday through Friday, from 8 a.m. to 5 p.m.
- If members have additional questions, please direct them to contact Tufts Health Together Member Services at 888-257-1985.

If you are a Tufts Health Together MCO PCP

- Please work with MassHealth and/or other MassHealth plans on your continued participation.
- MassHealth plans to assign impacted members to the health plan that includes their primary care practice, ensuring they can continue their care with their current PCP. To ensure a smooth transition, be sure that your practice is actively exploring MassHealth plan participation options now.
- Explore MassHealth's [online resources for providers](#), including these pages where you can learn more about [all MassHealth ACOs and MCOs](#), [MassHealth's Primary Care Clinician \(PCC\) plan](#), and [how to apply to participate in the PCC plan](#).

If you are a specialist for Tufts Health Together MCO members

- As of Jan. 1, 2026, the Tufts Health Together MCO product will terminate. Prior members will be reassigned by MassHealth to a new ACO, MCO, or PCC plan, based on the participation of the member's current PCP.
- Ensure you have up-to-date information on the member's plan as of Jan. 1, 2026. Please check member eligibility in [MassHealth's Eligibility Verification System \(EVS\)](#) to learn which MassHealth plan they will be enrolled in, and work with their new health plan accordingly.
- Tufts Health Together MCO members who are transitioned to a new MassHealth plan for Jan. 1 are entitled to a 90-day continuity of care period. As a result, if you don't participate in the new plan, you may still be able to provide specialty care for these members through the end of March 2026.

In addition, as part of the transition, Tufts Together MCO and MassHealth will provide the member's new plan with prior authorizations and prior approvals for services, which the new plan is required to honor through the duration of such prior authorizations and prior approvals. If the member's new MassHealth plan chooses to modify or terminate a prior authorization and prior approval, then the new plan shall treat such modification or termination as an adverse action and follow the required appeal protocols, including notification to the member and the provider in question.

If you are a Specialist for Tufts Health Together with Cambridge Health Alliance and UMass Memorial Health (UMMH) ACO members

We will continue to offer Tufts Health Together ACOs with Cambridge Health Alliance and UMass Memorial Health. Please continue to provide services for these ACO members as you normally would. ▲

Painter's union administration updates

Harvard Pilgrim Health Care Commercial

We're sharing a plan update for the Painters & Allied Trades District Council No. 35 union. Previously, coverage for the union was provided via a shared administrative account in which both Point32Health and the union managed plan responsibilities. However, as of July 1, 2025, this will become a standard self-funded account. As a result, please keep the following in mind:

- Union members will continue to participate in the Harvard Pilgrim Commercial plan.
- Harvard Pilgrim will be responsible for claims adjudication and sending Explanations of Payment (EOPs). There is no change in claims submission. You can continue to submit claims electronically via our secure [HPHConnect Provider portal](#), EDI submission, or paper (Harvard Pilgrim Health Care, P.O. Box 699183, Quincy, MA 02269-9183).

- Member ID cards were replaced in early June and will display the standard HP prefix with alphanumeric member ID (rather than the previous customized 9-character union member ID prefixed with A).
- You can check member eligibility via HPHConnect, through [NEHEN](#) (the New England Healthcare EDI Network) or by calling the Provider Service Center, rather than calling the Painter's union.
- Our standard Commercial Medical Necessity Guidelines will now apply for this plan. For details on services requiring prior authorization, consult the [Medical Necessity Guidelines](#) and the [Harvard Pilgrim Commercial Referral/Authorization Quick Reference Guide](#).
- You should submit notification and prior authorization requests as you normally would for a Harvard Pilgrim standard account.

Refer to the [Point32Health provider website](#) for additional information and resources, including pharmacy policies and our Harvard Pilgrim Health Care Commercial Provider Manual. ▲

Registration reminder for Electronic Visit Verification

Tufts Health One Care | Tufts Health Plan Senior Care Options | Tufts Health Together

As you may know, all providers who render Electronic Visit Verification (EVV) eligible services are required to use an EVV system to verify that personal care and home health care services have been delivered as billed. Whether planning to use the state-provided EVV system (Sandata) or their own alternative EVV system (Alt-EVV), providers must complete the registration process — which was required by Dec. 9, 2024 — per the Massachusetts Executive Office of Health and Human Services.

If you haven't completed your EVV registration, please complete the process as soon as possible.

Massachusetts uses single sign-on for access to the state-sponsored Sandata EVV system or the Sandata Aggregator through an alternate EVV vendor. To obtain single sign-on access, complete the registration process on Sandata's [Self-Registration Provider Portal](#) and submit a [User Request Form](#) at Mass.gov. Once you receive your single sign-on credentials, you can log in to the Sandata EVV or Sandata Aggregator platforms through the Massachusetts Virtual Gateway.

To learn more, access on-demand EVV administrator training at Sandata Learn, and check your email inbox for news from the state on upcoming training sessions.

EVV Information Sessions

To aid providers with EVV, MassHealth is offering several information sessions in July, including on:

- [July 15 from noon–1 p.m.](#)
- [July 17 from 3–4 p.m.](#)
- [July 23 from 9:30–10:30 a.m.](#)

Register by clicking on the link for the session of your choice.

Sessions will cover information on:

- The Cures Act and what is EVV
- Massachusetts Executive Office of Health and Human Service (EOHHS) program recap
- Provider self-registration (state-sponsored solution or Alternate EVV vendor)
- Alternate EVV specifications and technical review
- Vendor portal access
- Training opportunities for both Sandata users and Alternate EVV users

EVV Registration Resources

- For step-by-step onboarding instructions, view the [Massachusetts Detailed Instructions for Onboarding](#).

- For general policy questions about the MA EVV program, email EVVfeedback@Mass.gov or visit the [MA-EOHHS EVV website](#).
- For technical help with the EVV system, contact Customer Support through Submit a Request at [Sandata On-Demand](#) or call the Customer Support Line at 833-511-0164.
- For assistance with your Provider ID and Service Location (PID/SL), contact MassHealth Customer Service for Providers at 800-841-2900.
- For assistance with your Virtual Gateway account and the User Request Form (URF), reach out to Virtual Gateway Customer Service at 800-421-0938 or reference the [Virtual Gateway Business Login User Reference Guide](#).

Once your request for a Virtual Gateway account has been completed, you should receive an email from virtual.gateway@state.ma.us. If you cannot locate the email, use the [Business Log In User Guide](#) to create a MyMassGov account and set up multifactor authentication (MFA) methods. ▲

New HEDIS tip sheet for PPC

All products

Timely prenatal care plays a vital role in the health of the mother and baby by allowing healthcare providers to monitor, identify, and address potential issues such as gestational diabetes, preeclampsia, and birth defects. Likewise, postpartum visits are crucial for ensuring the mother's physical and emotional recovery after childbirth.

Recognizing the clinical importance of these visits, the NCQA's HEDIS (Healthcare Effectiveness Data and Information Set) program includes a Prenatal and Postpartum Care measure. Our [Prenatal and Postpartum Care HEDIS Tip Sheet](#) offers insight into the measure, required documentation, and best practices.

Some important best practices to remember include:

- Schedule the patient's first prenatal visit as soon as the patient believes they are pregnant.
- Remind the patient of the dates and times of their follow-up appointments.
- Counsel the patient during pregnancy about the importance of follow-up care after delivery.
- Prior to delivery, develop a postpartum plan that identifies the practitioners who will care for the patient and infant.
- Ensure that practice workflow includes scheduling of postpartum appointments before the patient is discharged from the hospital.
- Contact patients who miss appointments to offer telephone or telehealth visits.

For more complete information, refer to the [Prenatal and Postpartum Care HEDIS Tip Sheet](#). For additional HEDIS tip sheets on an array of topics, please refer to the [HEDIS tip sheet page](#) on our provider website.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). ▲

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 Public Plans network in the future.

The application for enrollment/screening can be accessed directly on the RI Medicaid Healthcare Portal. You'll also find a Provider Enrollment User Guide there, and additional information can be found on the RI EOHHS website.

If you have any 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. ▲

Reminders on pain management and opioid antagonists

All products

We want to offer the following reminders on pain management and opioid antagonists.

Pain management plans and alternative therapies

For individuals who are experiencing persistent pain, pain management plans can be vital in providing education on individualized treatment options, offering a structured approach to pain management, reducing reliance on opioids, and empowering patients to actively participate in their care. Pain management plans often include a variety of strategies beyond medication to address the underlying causes of pain and promote long-term pain control.

When developing a pain management plan with patients, keep in mind that Point32Health covers a broad range of non-medication, non-surgical, and non-opioid medication treatment options — such as acupuncture, behavioral therapy, physical therapy, and chiropractic medicine — for patients living with chronic pain.

Providers can check member eligibility and benefits through our secure [HPHConnect](#) and [Tufts Health Plan](#) provider portals. Members also have access to information about their benefits, including pain management services, through their member handbooks which are posted on our member websites or portals. In addition, our online [Chronic Pain](#) resource is available for Harvard Pilgrim Health Care Commercial members.

Coverage and billing of opioid antagonists

Given that opioid use can lead to misuse and addiction, it's important to note as well that Point32Health provides coverage of opioid antagonists (medications that block the effects of opioids), such as naloxone and naltrexone. Naloxone is used to reverse the effects of opioid overdose, while naltrexone is used longer term to prevent relapse in patients with alcohol use disorder or an opioid use disorder.

For coverage details, please refer to the [applicable formulary](#) and any relevant [Pharmacy Medical Necessity Guidelines](#) or other policies.

Please ensure that you are billing with the appropriate codes, and keep in mind that in some cases, reimbursement may occur as part of a bundled rate (for example, when billing for naloxone with J0571-J0575 or J2310-J2311). In addition, providers should follow the claims and billing guidance outlined in the applicable [Provider Manual](#). ▲

MassHealth to introduce CBHI-FIT program

Tufts Health Together

With the goal to better serve youth with high acuity needs, MassHealth's Children's Behavioral Health Initiative (CBHI) will introduce its new Family-based Intensive Treatment (FIT) program in September 2025.

FIT will provide youth (up to 20 years of age) with serious emotional disturbance (SED) and their parents/caregivers with the treatment and support necessary to keep them at home safely and connect them with ongoing outpatient and/or community-based programs. Delivered within the home or community by a clinician, paraprofessional, and Family Partner, FIT services include medically necessary intensive family therapy, robust care coordination

(targeted case management), and Family Partner engagement. The program will also offer 24/7 urgent response capability for youth in need of therapeutic stabilization.

In support of FIT, Point32Health has developed [Children’s Behavioral Health Initiative Family-based Intensive Treatment \(FIT\) Medical Necessity Guidelines](#) and [performance specifications](#) to reflect the state’s parameters and requirements for this new program.

The Children’s Behavioral Health Initiative ensures access to treatment for Medicaid-insured children, youth, and adolescents under age 21 who have serious emotional, behavioral, and mental health care needs. Structured to provide services at home, in school, or within the community, CBHI programming is developed around the strengths and driven by the needs of each family and child. You can learn more about the CBHI on the [mass.gov](#) website. ▲

Reminder: Annual wellness visit covered by calendar year

Tufts Health Plan Senior Care Options | Tufts Medicare Preferred

We’re committed to supporting our members in maintaining their optimal health, as well as working with our provider partners to further that common goal. Annual wellness visits — which are a covered benefit for Medicare members — are vital to this effort. They offer an opportunity for providers and members to collaborate on preventive care and detect and address health issues early, and aid in empowering members to take charge of their health.

As a reminder, Tufts Health Plan uses a calendar year (Jan. 1 through Dec. 31) for coverage of annual wellness visits for members of our Tufts Health Plan Senior Care Options and Tufts Medicare Preferred products. This means that a member can schedule a wellness visit fewer than 365 days after their previous visit, so long as the visits are in different calendar years (see example below).

Date of wellness visit	Previous wellness visit	Coverage
April 1, 2026	Nov. 15, 2025	Covered visit
Dec. 31, 2026	Jan. 1, 2026	Not covered due to being in same calendar year

We encourage providers to schedule annual wellness visits with Medicare members who are overdue for these important check-ins. ▲

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 changes — 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.

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.

Attestation for facilities

As a reminder, for contracted facilities, confirmation of your directory data should be submitted using the facility attestation functionality available on Harvard Pilgrim's secure provider portal, [HPHConnect](#), or on Tufts Health's Plan's secure provider portal ([newly available as of June 1, 2025](#)). These online forms allow 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 facility attestation forms, please refer to the updated Harvard Pilgrim [Completing the Provider Data Attestation for Facilities User Guide](#) and Tufts Health Plan [Secure Provider Portal 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. ▲

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
Continuous Glucose Monitoring	Tufts Health RITogether, Tufts Health One Care, Tufts Health Direct	9/1/2025	Prior authorization will be required for code A4238. This aligns with current coverage for Commercial products in which A4238 requires prior authorization.
Dental Procedures Requiring Hospital/Facility-Based Care	Tufts Health One Care	9/1/2025	New MNG related to dental procedures performed under sedation or general anesthesia in an acute care inpatient facility or ambulatory surgical setting. Prior authorization is required for code 41899.
Family-based Intensive Treatment	Tufts Health Together	9/1/2025	Notification required and if services continue after 42 days prior authorization is required for HCPCS code H0046-HT. New MNG provides details on coverage for family-based intensive treatment including in-home therapy, mobile crisis intervention, and family support and training.

Updates to Medical Necessity Guidelines (MNG)			
MNG title	Products affected	Eff. date	Summary
Noncovered Investigational Services	Harvard Pilgrim Commercial	9/1/2025	CPT code 93356 (myocardial strain imaging with speckle tracking) will no longer be covered for Harvard Pilgrim Commercial members.
Upper Gastrointestinal Endoscopy	Tufts Health Senior Care Options, Tufts Health Medicare Preferred	9/1/2025	New MNG for the products noted outlining coverage of Upper GI endoscopy when billed with the appropriate diagnosis code. Prior authorization will not be required.
Gender Affirming Services	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care, Tufts Health Direct	7/1/2025	Criteria clarified to note that hair removal from the skin by laser or electrolysis needed in conjunction with planned gender affirming surgical services is considered medically necessary.
Implantable Neurostimulators	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care, Tufts Health Direct	7/1/2025	Allows coverage of code 61889 with prior authorization. Codes 61891 and 61892 are being removed from the non-covered services list and will be covered without authorization.
Percutaneous Tibial Nerve Stimulation	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health RITogether, Tufts Health Together, Tufts Health One Care, Tufts Health Direct	7/1/2025	Minor language updates made for clarification.
Respite for Children for Tufts Health RITogether	Tufts Health RITogether	7/1/2025	Updated to reflect Rhode Island guidance that families of children under age 21 who meet an institutional level of care criteria are eligible for at least 100 hours of respite services.

Editor's note: Updated chart to move Intravitreal Injections and Corticosteroid Implants for Ophthalmic Conditions from Medical Necessity Guidelines updates to Medical Drug Medical Necessity Guidelines updates. 08/04/2025



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
Jubbonti (denosumab-bbdz)	Harvard Pilgrim Commercial Prior authorization is required for coverage of Jubbonti (Q5136), a biosimilar to Prolia and Sandoz.	7/1/2025
Osenvelt (denosumab-bbdz)	Harvard Pilgrim Commercial Prior authorization is required for coverage of Osenvelt (J3590), a biosimilar to Xgeva and Celltrion.	7/1/2025
Stoboclo (denosumab-bbdz)	Harvard Pilgrim Commercial Prior authorization is required for coverage of Stoboclo (J3590), a biosimilar to Prolia and Celltrion.	7/1/2025
Wyost (denosumab-bbdz)	Harvard Pilgrim Commercial Prior authorization is required for coverage of Wyost (Q5136), a biosimilar to Xgeva and Sandoz.	7/1/2025

New prior authorization programs		
MNG/Drug(s)	Plan & additional information	Eff. date
Bendeka (bendamustine)	Tufts Medicare Preferred, Tufts Health One Care, Tufts Health Plan Senior Care Options Prior authorization will be required for Bendeka (J9034), approved by the FDA in December 2025 for the treatment of chronic lymphocytic leukemia and non-Hodgkin lymphoma. Bendeka will be a non-preferred bendamustine product within the Medical Benefit Step Therapy Medical Necessity Guideline.	10/1/2025
Posfrea (palonosetron)	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Medicare Preferred, Tufts Health One Care, Tufts Health Plan Senior Care Options Prior authorization will be required for Posfrea (J2468), approved by the FDA in March 2016 for the treatment of chemotherapy-induced nausea and vomiting in adults and postoperative nausea and vomiting in adults. Posfrea will be a non-preferred antiemetic within the Medical Benefit Step Therapy Medical Necessity Guideline.	10/1/125
Kebilidi (eladocagene exuparvec-tneq)	Tufts Health Together Requires prior authorization through MassHealth for Tufts Health Together members. Being added to MassHealth's Adjudicated Payment	7/1/2025

New prior authorization programs		
MNG/Drug(s)	Plan & additional information	Eff. date
	Amount per Discharge (APAD) and Adjudicated Payment per Episode Carve Out Drugs (APEC) lists.	
Medical Benefit Step Therapy	<p>Tufts Medicare Preferred, Tufts Health One Care, Tufts Health Plan Senior Care Options, Tufts Health Plan Commercial, Harvard Pilgrim Health Care Commercial, Tufts Health Direct</p> <p>Prior authorization is now required for Opuviz (Q5153), approved by the FDA in May 2024 for the treatment of neovascular (wet) age-related macular degeneration, macular edema following retinal vein occlusion, diabetic macular edema, and diabetic retinopathy.</p> <p>Opuviz will be a non-preferred retinal disorder product within the Medical Benefit Step Therapy Medical Necessity Guideline.</p>	7/1/2025
Targeted Immunomodulators-Skilled Administration	<p>Tufts Medicare Preferred, Tufts Health One Care, Tufts Health Plan Senior Care Options</p> <p>Prior authorization is now required for the following FDA-approved Stelara biosimilars Imuldosa (Q5098), Otulfi (Q9999), Pyzchiva (Q9996, Q9997), Selarsdi (Q9998), Steqeyma (Q5099), Wezlana (Q5137, Q5138), and Yesintek (Q5100).</p>	7/1/2025
Vyalev (foscarbidopa/foslevodopa)	<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 Vvyalev (J7356), approved by the FDA in October 2024 for the treatment of motor fluctuations in adults with advanced Parkinson's disease.</p>	7/1/2025

Updates to existing prior authorization programs		
MNG/Drug(s)	Plan & additional information	Eff. date
Intravitreal Injections and Corticosteroid Implants for Ophthalmic Conditions	<p>Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health RITogether, Tufts Health Together, Tufts Health One Care, Tufts Health Direct, Tufts Health Senior Care Options, Tufts Medicare Preferred</p> <p>New MNG outlining coverage of intravitreal injections and corticosteroid implant for ophthalmic conditions, when billed with appropriate diagnosis codes. Prior authorization will not be required.</p>	9/1/2025
Adstiladrin	<p>Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health RITogether, Tufts Health Direct</p> <p>Policy related to coverage of Adstiladrin (J9029) updated to reflect recent National Comprehensive Cancer Network guidance: removed reference that the non-muscle invasive bladder cancer must be "in situ."</p>	7/1/2025

Updates to existing prior authorization programs		
MNG/Drug(s)	Plan & additional information	Eff. date
Amtagvi	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health RITogether, Tufts Health Direct For coverage of Amtagvi (J3590), provider must document that active systemic infections (viral, bacterial, fungal) have been excluded at the time of tissue harvesting and are not present at the time of infusion.	7/1/2025

Removal of Prior Authorization		
MNG/Drug(s)	Plan & additional information	Eff. date
Neulasta	Harvard Pilgrim Commercial Removing prior authorization for J2506 (injection, pegfilgrastim, excludes biosimilar, 0.5 mg)	7/1/2025
Fulphila	Harvard Pilgrim Commercial Removal of prior authorization for Q5108 [injection, pegfilgrastim-jmdb (fulphila), biosimilar, 0.5 mg]	7/1/2025

Editor's note: Updated chart to move Intravitreal Injections and Corticosteroid Implants for Ophthalmic Conditions from Medical Necessity Guidelines updates to Medical Drug Medical Necessity Guidelines updates. 08/04/2025



Pharmacy coverage changes

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

The chart below identifies updates for Pharmacy Medical Necessity Guidelines. For additional details and to access the guidelines referenced below, please visit the [Pharmacy Medical Necessity Guidelines page](#) on our Point32Health provider website.

Updates to existing prior authorization programs			
Drug	Plan	Eff. date	Additional information
Abrilada (adalimumab-afzb), Amjevita (adalimumab-atto), Cyltezo (adalimumab-adbm), Hadlima (adalimumab-bwwd), Hulio (adalimumab-fkjp), Hyrimoz (adalimumab-adaz), Idacio (adalimumab-aacf), Simlandi (adalimumab-ryvk), Yuflyma (adalimumab-aaty), and Yusimry (adalimumab-aqvh)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	9/1/2025	Adalimumab products will continue to be non-formulary; however, the coverage criteria will be updated to be drug and therapeutic category specific. Refer to the Adalimumab Products policy for details on the medications listed at left.
Cosentyx (secukinumab)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	9/1/2025	Cosentyx will continue to be non-formulary; however, the coverage criteria will be updated to be drug and therapeutic category specific.

Updates to existing prior authorization programs			
Drug	Plan	Eff. date	Additional information
Ebglyss (lebrikizumab-lbkz)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	9/1/2025	Ebglyss will continue to be non-formulary; however, the coverage criteria will be updated to be drug and therapeutic category specific.
Entyvio Pen and Entyvio pre-filled syringe (vedolizumab)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	9/1/2025	Entyvio Pen and Entyvio pre-filled syringe will continue to be non-formulary; however, the coverage criteria will be updated to be drug and therapeutic category specific. Refer to the Entyvio Subcutaneous Products policy.
Kevzara (sarilumab)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	9/1/2025	Kevzara will continue to be non-formulary; however, the coverage criteria will be updated to be drug and therapeutic category specific.
Kineret (anakinra)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	9/1/2025	Kineret will continue to be non-formulary; however, the coverage criteria will be updated to be drug and therapeutic category specific.
Nemluvio (nemolizumab-ilto)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	9/1/2025	Nemluvio will continue to be non-formulary; however, the coverage criteria will be updated to be drug and therapeutic category specific.
Siliq (brodalumab)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	9/1/2025	Siliq will continue to be non-formulary; however, the coverage criteria will be updated to be drug and therapeutic category specific.
Sotyktu (deucravacitinib)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	9/1/2025	Sotyktu will continue to be non-formulary; however, the coverage criteria will be updated to be drug and therapeutic category specific.
Tyenne (tocilizumab-aazg)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	9/1/2025	Tyenne will continue to be non-formulary; however, the coverage criteria will be updated to be drug and therapeutic category specific. Refer to the Tocilizumab Subcutaneous

Updates to existing prior authorization programs			
Drug	Plan	Eff. date	Additional information
			Products Pharmacy Medical Necessity Guideline for details.
Velsipity (etrasimod)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	9/1/2025	Velsipity will continue to be non-formulary; however, the coverage criteria will be updated to be drug and therapeutic category specific
Zymfentra (infliximab-dyyb)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	9/1/2025	Zymfentra will continue to be non-formulary; however, the coverage criteria will be updated to be drug and therapeutic category specific
Contrave (naltrexone/bupropion) Zepbound (tirzepatide)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	9/1/2025	Added limitation statement that members who have not been on the requested medication through the plan in the previous 12 months will be reviewed against Initial Criteria. Updated the limitation statement that members who have already initiated the requested medication by self-paying for the medication directly do not qualify for established clinical response and should be reviewed against initial approval criteria. Refer to the Weight Loss Medications Pharmacy Medical Necessity Guideline.

Drug status changes			
Drug	Plan	Eff. date	Additional information
OneTouch Test Strips manufactured by Lifescan	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	9/1/2025	All OneTouch Test strips will be moved to non-formulary status. For more information, please refer to the related article in this issue.
OneTouch Glucometers	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	9/1/2025	All OneTouch Glucometers will move to excluded status. For more information, please refer to the related article in this issue.

Drug status changes			
Drug	Plan	Eff. date	Additional information
Revlimid (lenalidomide)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	9/1/2025	Brand Revlimid will be moved to non-formulary status. Point32Health provides coverage for generic lenalidomide.
Stelara (ustekinumab)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	9/1/2025	Stelara will be moving to non-formulary status, and the coverage criteria will be drug and therapeutic category specific. For more information, please refer to the related article in this issue and the Ustekinumab Subcutaneous Products Pharmacy Medical Necessity Guideline.



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