

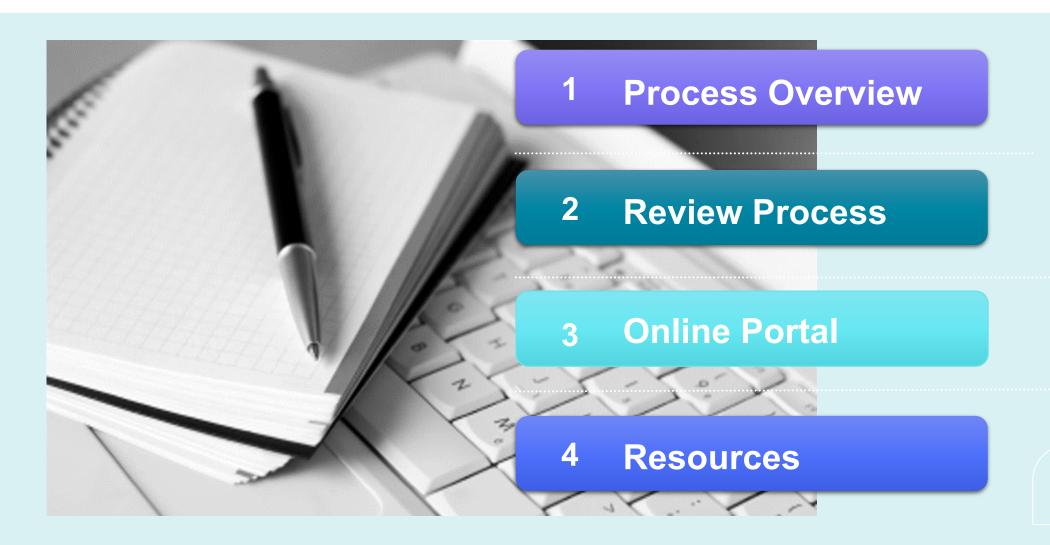


Medical Pharmacy Implementation Prior Authorization Process
Provider Communication and Education



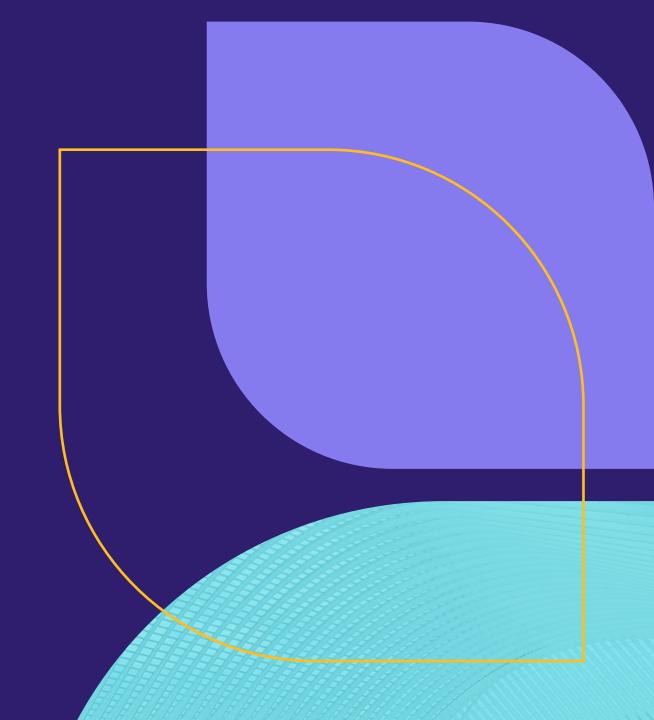
Agenda







Process Overview



Process Overview



Effective 1/1/2026, Mass General Brigham Health Plan (MGBHP) will be implementing a change in how certain clinician administered drugs that fall under the medical benefit are managed.

This new process will be administered by the **Medical Pharmacy Solutions team at Prime Therapeutics Management (Prime).** Prime will be responsible for reviewing and approving these drugs across all outpatient places of service.

Beginning **12/22/2025** providers may begin contacting Prime to obtain prior authorizations for members who will receive treatment/drugs within the scope of this program on or after **1/1/2026**.

Medical Benefit Drugs (Medical Pharmacy)



The Prime Medical Pharmacy Prior Authorization program pertains to drugs managed under the members medical benefit (medical pharmacy), and not the pharmacy benefit. Below is a helpful comparison chart:

FEATURE	MEDICAL BENEFIT DRUGS	PHARMACY BENEFIT DRUGS
ADMINISTRATION	Administered by healthcare provider	Self-administered by patient
COVERAGE	Typically covered under the member's medical benefit	Typically covered under the member's pharmacy benefit
EXAMPLES	IV Infusions, injectable biologics	Oral medications, topical creams, auto-injectors

Impacted Members



The process will apply to members enrolled in the following plans:

Mass General Brigham ACO (MassHealth)

Mass General Brigham Commercial

Mass General Brigham Commercial (QHP)

Mass General Brigham Advantage HMO-POS Individual

Mass General Brigham Advantage PPO Individual

Mass General Brigham Advantage PPO Group

Mass General Brigham One Care

Mass General Brigham SCO



Drugs Requiring Prior Authorization through Prime beginning on 1/1/2026

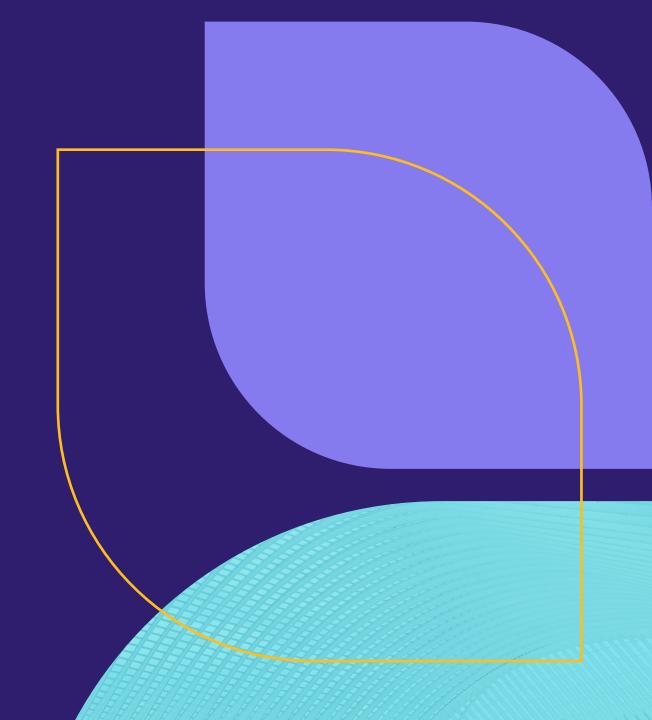


The link below will take you to all drugs that are in scope for the PA Program. The drug list is subject to change. The list of medications is updated at least annually. You can also find the medical policies criteria and guidelines for the medical benefit treatments at the link below.

Mass General Brigham Health Plan Medical Pharmacy Policies



Review Process



Provider Responsibilities



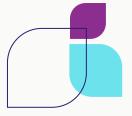


Provider

Responsible for obtaining the prior authorization before services are provided.



Responsible for ensuring that the authorization was obtained prior to services being rendered.



Information Needed





- Ordering Provider Name
- Tax ID
- Practice Address
- Office Telephone and Fax

(Same information is needed for Rendering Provider if different from Ordering Provider)



MEMBER

- Member Name
- Date of Birth
- Member ID Number
- Height
- Weight
- Diagnosis Code



Rx

- Place of Service Code
- Requested Drug Name or HCPCS Code
- Dosage
- Frequency
- Anticipated Start Date of Treatment



- Clinical notes
- Pathology Reports
- Relevant Test Results

If additional information is requested by Prime, the practitioner should be prepared to upload documents on the provider portal or to fax documents to Prime HIPAA compliant fax.

Determination Process Flow





INTAKE

In most cases, approvals can be made based on initial information provided by the requestor.

PHARMACIST REVIEW

If additional detail is needed, the case is routed to a Prime pharmacist who will outreach to the requesting provider.

PHYSICIAN REVIEW

The case may be escalated to a Prime physician, who will discuss case with the requesting provider.

Transition of Care Process



Authorizations issued by MGBHP for dates of service before 1/1/2026 for the medications identified as part of this program will be effective until the authorizations vality end date.

Claims for dates of services after the authorized end date will be denied if the provider has not obtained a successive authorization from Prime.







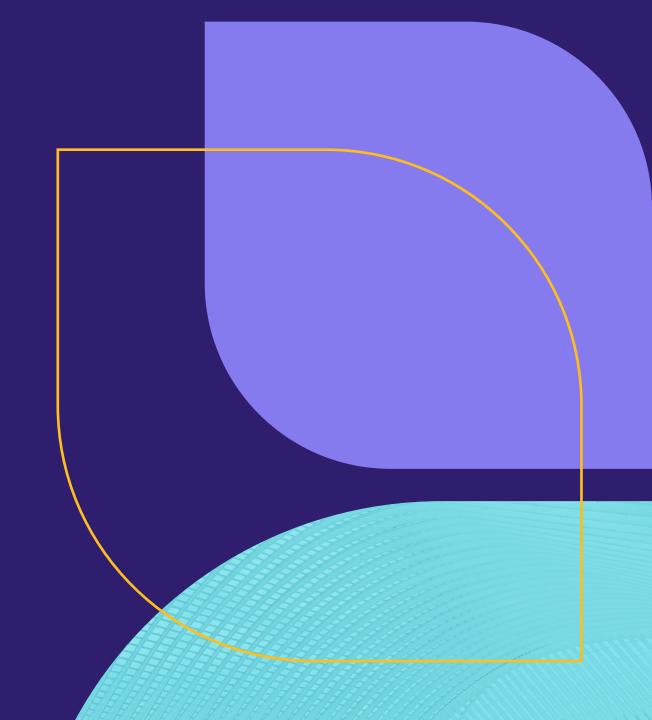
To continue treatment after the original authorization validity end date, you must obtain an authorization from Prime prior to the expiration date.

Reminder: Beginning 12/22/2025 providers may begin contacting Prime to obtain prior authorizations for members who will receive treatment/drugs within the scope of this program on or after 1/1/2026.





Online Portal



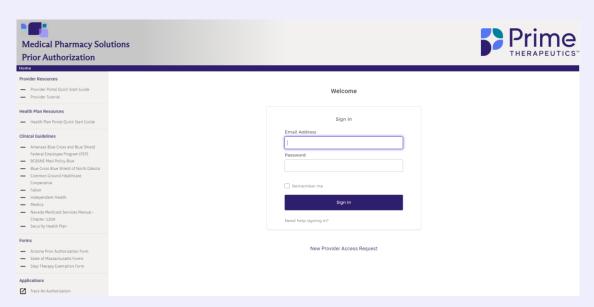
Obtaining an Online Account



GatewayPA.com - Providers directly contracted with MGBHP may create an online account for Authorizations in 3 easy steps:

- 1. Visit our self-service online portal at www.GatewayPA.com
- 2. Click on New Provider Access Request under the Sign In box
- 3. Complete the form to request access
- 4. Users will receive a response within 2 business days

*Requests may also be submitted through MGHP's Provider: portal: https://provider.massgeneralbrighamhealthplan.org



Please note:

- Authorizations for all Prime Medical Pharmacy Prior Authorizations plans may be managed under one user account. Providers who already have an established account on GatewayPA may email providerinquiry@primetherapeutics.com to request that MGBHP be added to their account.
- Retroactive requests can be phoned in to the Prime Operations Team at: (833) 895-2611 or faxed to: (888) 656-6671

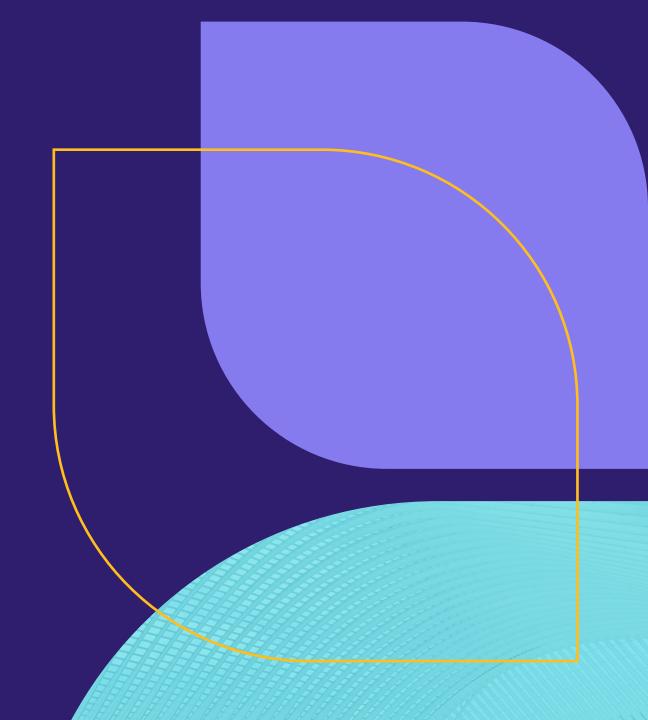


DEMO





Resources



Authorization Resources





For requests and clinical guideline information, visit GatewayPA.com



MGBHP's Intake Team: (833) 895-2611

Staff available 24 hours per day by phone (including after hours, weekends and holidays).

If you have appeals, claims, benefits, and/or eligibility questions, please call (855) 444-4647.



Questions?





Thank You

Shelly LittletonProvider Relation

Provider Relations Manager ProviderInquiry@primetherapeutics.com

