

Infant Formula through Medical Benefit - DOI Bulletin 2022-05 and MH Bulletin 343

Prior Authorization suspension applies to Enteral and Parenteral nutrition, and Prescription Medical formula (excluding over the counter infant formula for commercial plans)

Service	Plan Type	Prior Authorization (PA) lift Effective Date	Is PA Notification Required?	Is Review Required?	Requirements
In-network requests	MassHealth/MCF	5/17/2022-8/18/2022	Yes	Suspended	Suspended for initial and concurrent review through the Medical Benefit
In-network requests	Commercial Fully Insured/ASO Self Insured	5/20/2022-8/18/2022	Yes	Suspended	Suspended for initial and concurrent review through the Medical Benefit
Out of Network requests	PPO Plan MassHealth/MCF	5/20/2022-8/18/2022	Yes	Suspended	Suspended for initial and concurrent review through the Medical Benefit
Out of Network requests	HMO/EPO plan	n/a	Yes	Yes	AllWays Health Partners' standard prior authorization and notification requirements will continue for out of network requests