

Commercial Pharmacy Medication Prior Authorization Submission by State

Use the information below to determine which prior authorization form is required* for your members.

Subscriber Plans Based In This State	Prescription Drugs <i>Self-administration and dispensed at retail pharmacies</i>	Medical Drugs <i>Skilled administration by health care professional</i>	Hepatitis C Medications	Synagis	Chemotherapy and Supportive Care
MA	MA Standard Form	MA Standard Form	Hepatitis C Medication Request Form	Synagis® Form	Chemotherapy/Supportive Care Form
RI	THP Medication PA Request Form	THP Medication PA Request Form	Hepatitis C Medication Request Form (MA form also accepted in RI)	Synagis® Form (MA form also accepted in RI)	Chemotherapy/Supportive Care Form (MA form also accepted in RI)
CareLink	Follows MA requirements Refer to Optum Rx website for PA submission or call 800-860-3161	Follows MA requirements Refer to Pharmacy Resources on the Cigna website for PA submission.	N/A	N/A	N/A

* The required prior authorization form is based on the location of the subscriber’s employer group. It is not based on the member’s/ subscriber’s residential address or the location of the provider.