

## Commercial Pharmacy Medication Prior Authorization Submission by State

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

<b>Subscriber Plans Based In This State</b>	<b>Prescription Drugs</b> <i>Self-administration and dispensed at retail pharmacies</i>	<b>Medical Drugs</b> <i>Skilled administration by health care professional</i>	<b>Hepatitis C Medications</b>	<b>Synagis</b>	<b>Chemotherapy and Supportive Care</b>
MA	<a href="#">MA Standard Form</a>	<a href="#">MA Standard Form</a>	<a href="#">Hepatitis C Medication Request Form</a>	<a href="#">Synagis® Form</a>	<a href="#">Chemotherapy/Supportive Care Form</a>
RI	<a href="#">THP Medication PA Request Form</a>	<a href="#">THP Medication PA Request Form</a>	<a href="#">Hepatitis C Medication Request Form</a> (MA form also accepted in RI)	<a href="#">Synagis® Form</a> (MA form also accepted in RI)	<a href="#">Chemotherapy/Supportive Care Form</a> (MA form also accepted in RI)
CareLink	Follows MA requirements from the <a href="#">CVS/caremark™</a> website, under Non-Medicare, select <a href="#">Massachusetts State PA Request Form</a> .	Follows MA requirements Refer to Pharmacy Forms on the <a href="#">Cigna</a> website for form 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.