



Tufts Health Public Plans Pharmacy Medication Prior Authorization Form by Product

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

	Tufts Health Direct	Tufts Health RITogether	Tufts Health Together – MassHealth MCO plan and Accountable Care Partnership Plans (ACPPs)	Tufts Health Unify
Form	Massachusetts Standard Form for Medication Prior Authorization Requests	Tufts Health Plan Medication Prior Authorization Request Form	Tufts Health Plan Medication Prior Authorization Request Form	Request for Medicare Prescription Drug Coverage Determination
Fax	617.673.0988	617.673.0988	617.673.0988	617.673.0956
Mail	Tufts Health Plan Attn: Pharmacy Utilization Management Department 705 Mount Auburn Street Watertown, MA 02472			

Hepatitis C Medication and Synagis®

Tufts Health Plan will accept only the standard forms for [Hepatitis C Medication](#) and [Synagis](#) for members of Tufts Health Direct.