



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 One Care
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	617.673.0939	617.673.0939	617.673.0956
Mail	Tufts Health Plan Attn: Pharmacy Utilization Management Department 1 Wellness Way Canton, MA 02021-1166			

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.