Pedi/Adult Formula
Prior Authorization Request Form

Point32Health

Harvard Pilgrim Health Care TUFTS Health Plan

Fax completed form with supportive documentation to:

Harvard Pilgrim Health Plan Commercial	Fax: 800-232-0816
Tufts Health Commercial Plans	Fax: 617-972-9409
Tufts Health Direct	Fax: 888-415-9055
Tufts Health Together	Fax: 888-415-9055
Tufts Health RITogether	Fax: 857-304-6404
Tufts Health One Care	Fax: 857-304-6304

Member name

Member ID # Date of birth (mm/dd/yyyy) Member age

Requesting MD

Requesting MD NPI # Fax Phone

Servicing Provider

Servicing Provider NPI # Fax Phone

Contact name Phone

Diagnosis (*required*)

Birth weight Current weight Percentile

For premature infant, gestational age at birth

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*The following are **required** before request will be processed:*

Current clinical notes

Formula requested

Formula	*Trial Start Date/Duration*	*Weight*	*Symptoms*
Milk based			
Soy based			
Other formulas tried			