



**Medication Request Form
for West Virginia Plans
Wellfleet Rx/KPP: BIN 012882**

DO NOT WRITE IN BLOCKED AREAS FOR INTERNAL USE ONLY
Contacted:
Physician:
Pharmacy:
Patient:

Attn:PriorAuthorizationDepartment
10181 Scripps Gateway Court
San Diego, CA 92131
Phone: 1-800-788-2949
Fax: 858-790-7100

DO NOT WRITE IN BLOCKED AREAS FOR INTERNAL USE ONLY
Approved:
Denied:
Returned:
PA #

Instructions:

This form is to be used by participating physicians and providers to obtain coverage for a formulary drug requiring prior authorization (PA), a non-formulary drug for which there is no suitable alternative available, or any overrides of pharmacy management procedures such as step therapy, quantity limit or other edits. Please complete this form and fax to Prior Authorization Department at (858) 790-7100 or please call (800)788-2949 with this information. If you have any questions regarding this process, please contact Customer Service at (800) 788-2949.

Review Criteria:

1. The following criteria are used in reviewing medication requests:
2. The use of Formulary Drug Products is contraindicated in the patient.
3. The patient has failed an appropriate trial of Formulary or related agents.
4. The choices available in the Drug Formulary are not suited for the present patient care need and the drug selected is required for patient safety.
5. The use of a Formulary Drug Product may provoke an underlying medical condition, which would be detrimental to patient care.

REQUEST FOR EXPEDITED (URGENT) REVIEW: BY CHECKING THIS BOX, I CERTIFY THAT APPLYING THE STANDARD REVIEW TIME FRAME MAY SERIOUSLY JEOPARDIZE THE LIFE OR HEALTH OF THE MEMBER OR THE MEMBER'S ABILITY TO REGAIN MAXIMUM FUNCTION

Medication Request Information (please complete each section of this form prior to transmittal): *Denotes Required Fields

Patient Information			Physician Information	
*Name:			*Name:	
*ID#:			*Specialty:	
*Date of Birth:	*Height:	*Weight:	ID# / DEA#:	
*Health Plan:			*Phone:	*Fax:
*Diagnosis (ICD-10 Code, if known):				
Requested Drug Information			Pharmacy Information	
*Requested Drug:			Name:	
Dose:	Strength:		Phone:	Fax:
Quantity: (per month)	Dosage Form:(Oral, Injection, etc.)		Length of Treatment: (Please be specific)	
Reason for Medication Request (Please be specific, give detail):				
Other Medications Tried and/or Failed (Please be specific, give details):				
Other Pertinent History (Relative or pertaining to this request):				

For plans in West Virginia with BIN 012882 on the ID card, Wellfleet Rx/KPP requires prior authorization on the following medications under the prescription drug benefit. Medications under the formulary may also require step therapy. You can obtain more information on the formulary here:

<https://client.formularynavigator.com/Search.aspx?siteCode=8211225187>

ALLERGY
GRASTEK
ODACTRA
ORALAIR
PALFORZIA
RAGWITEK
SHORT RAGWEED
SINUVA
ASTHMA AND COPD
DUPIXENT
FASENRA
FASENRA PEN
NUCALA
XOLAIR
BEHAVIORAL HEALTH - OTHER
ADDYI
AMPHETAMINE SULFATE
HETLIOZ
NUPLAZID
SUNOSI
VYLEESI
WAKIX
XYREM
CARDIOVASCULAR DISEASE - HYPERTENSION
ADEMPAS
ALYQ
AMBRISENTAN
BOSENTAN
EPOPROSTENOL SODIUM
FLOLAN
LETAIRIS
NYMALIZE
OPSUMIT
ORENITRAM ER
PHENOXYBENZAMINE HCL
REMODULIN

REVATIO
SILDENAFIL CITRATE
TADALAFIL
TRACLEER
TREPROSTINIL
TYVASO
TYVASO INSTITUTIONAL START KIT
TYVASO REFILL KIT
TYVASO STARTER KIT
UPTRAVI
VECAMYL
VELETRI
VENTAVIS
CARDIOVASCULAR DISEASE - LIPID IRREGULARITY
JUXTAPID
KYNAMRO
PRALUENT PEN
REPATHA PUSHTRONEX
REPATHA SURECLICK
REPATHA SYRINGE
CARDIOVASCULAR DISEASE – MISC.
NORTHERA
VYNDAMAX
VYNDAQEL
DERMATOLOGY - ANTIINFECTIVE
JUBLIA
KERYDIN
DERMATOLOGY - MISCELLANEOUS
CARAC
FLUOROURACIL
TARGRETIN
VALCHLOR
DERMATOLOGY - PSORIASIS/ECZEMA
COSENTYX (2 SYRINGES)
COSENTYX PEN
COSENTYX PEN (2 PENS)

COSENTYX SYRINGE
ILUMYA
SILIQ
SKYRIZI
SKYRIZI (2 SYRINGES) KIT
TALTZ AUTOINJECTOR
TALTZ AUTOINJECTOR (2 PACK)
TALTZ AUTOINJECTOR (3 PACK)
TALTZ SYRINGE
TALTZ SYRINGE (2 PACK)
TALTZ SYRINGE (3 PACK)
TREMFYA
DIABETES
AFREZZA
CONTOUR NEXT TEST STRIP
CONTOUR TEST STRIP
DEXCOM
DEXCOM G4
DEXCOM G5
DEXCOM G5-G4 SENSOR
DEXCOM G6
FREESTYLE LIBRE 10 DAY READER
FREESTYLE LIBRE 10 DAY SENSOR
FREESTYLE LIBRE 14 DAY READER
FREESTYLE LIBRE 14 DAY SENSOR
KORLYM
ELECTROLYTE REGULATION
JYNARQUE
LOKELMA
SAMSCA
ENDOCRINE DISORDER - FERTILITY
HYDROXYPROGESTERONE CAPROATE
MAKENA
ENDOCRINE DISORDER - OTHER
CINACALCET HCL
EGRIFTA
EGRIFTA SV
ELIGARD
FORTEO
GENOTROPIN
INCRELEX
LEUPROLIDE ACETATE
LUPRON DEPOT
LUPRON DEPOT (LUPANETA)
LUPRON DEPOT-PED
NATPARA
NORDITROPIN FLEXPPO

NORDITROPIN NORDIFLEX
ORILISSA
PARSABIV
SENSIPAR
SEROSTIM
SYNAREL
TRELSTAR
TRIPTODUR
TYMLOS
VANTAS
XGEVA
ZOLADEX
ZOLEDRONIC ACID
ZORBTIVE
ENDOCRINE DISORDER - THYROID
TEPEZZA
EYE - GENERAL DISORDERS
CEQUA
OXERVATE
RESTASIS
RESTASIS MULTIDOSE
XIIDRA
EYE - MISCELLANEOUS
CYSTARAN
FLUID REPLACEMENT
XURIDEN
GOUT AND RELATED DISEASES
KRYSTEXXA
HEMATOLOGICAL DISORDERS
ADAKVEO
ANDEXXA
BIVALIRUDIN
CABLIVI
DOPTELET
ENDARI
FULPHILA
GIVLAARI
HEMLIBRA
LEUKINE
NEULASTA
NIVESTYM
NPLATE
OXBRYTA
PROCRIT
PROMACTA
REBLOZYL
RETACRIT

SOLIRIS
TAVALISSE
UDENYCA
ULTOMIRIS
ZARXIO
ZIEXTENZO
HORMONAL DEFICIENCY
ANADROL-50
ANDRODERM
LUPANETA PACK
OXANDROLONE
STRIANT
TESTONE CIK
TESTOSTERONE
TESTOSTERONE CYPIONATE
TESTOSTERONE ENANTHATE
IMMUNIZATION
CUTAQUIG
CUVITRU
FLEBOGAMMA DIF
GAMASTAN S-D
GAMMAGARD LIQUID
GAMMAGARD S-D
GAMMAKED
GAMMAPLEX
GAMUNEX-C
HIZENTRA
HYQVIA
HYQVIA IG COMPONENT
OCTAGAM
PANZYGA
PRIVIGEN
XEMBIFY
IMMUNOSUPPRESSION/MODULATION
GAMIFANT
INTRON A
INFECTIOUS DISEASE - BACTERIAL
BAXDELA
CAYSTON
NUZYRA
XENLETA
INFECTIOUS DISEASE – MISC.
AEMCOLO
ARIKAYCE
BETHKIS
KITABIS PAK
THALOMID

TOBI PODHALER
TOBRAMYCIN
INFECTIOUS DISEASE - PARASITIC
DARAPRIM
EMVERM
INFECTIOUS DISEASE - VIRAL
HARVONI
LEDIPASVIR-SOFOSBUVIR
MAVYRET
PEGASYS
PEGASYS PROCLICK
PEGINTRON
PEGINTRON REDIPEN
SOFOSBUVIR-VELPATASVIR
SYNAGIS
TYBOST
VOSEVI
INFLAMMATORY DISEASE
ACTEMRA
ACTEMRA ACTPEN
BENLYSTA
CIMZIA
CINRYZE
DEPEN
D-PENAMINE
ENBREL
ENBREL MINI
ENBREL SURECLICK
FIRAZYR
HAEGARDA
HUMIRA
HUMIRA PEDIATRIC CROHN'S
HUMIRA PEN
HUMIRA PEN CROHN'S-UC-HS
HUMIRA PEN PSOR-UV-ADOL HS
HUMIRA(CF)
HUMIRA(CF) PEDIATRIC CROHN'S
HUMIRA(CF) PEN
HUMIRA(CF) PEN CROHN'S-UC-HS
HUMIRA(CF) PEN PSOR-UV-ADOL HS
ICATIBANT
ILARIS
KEVZARA
KINERET
OLUMIANT
ORENCIA
ORENCIA CLICKJECT

OTEZLA
PENICILLAMINE
RENFLEXIS
RINVOQ ER
RUCONEST
SIMPONI
SIMPONI ARIA
STELARA
TAKHZYRO
XELJANZ
XELJANZ XR
LOWER GI DISORDERS - BOWEL INFLAMMAT
ENTYVIO
VIBERZI
LOWER GI DISORDERS - OTHER
CHENODAL
CHOLBAM
GATTEX
OCALIVA
RAVICTI
RELISTOR
SODIUM PHENYL BUTYRATE
XERMELO
MISCELLANEOUS AGENTS
CRYSVITA
GALAFOLD
KANUMA
KUVAN
PALYNZIQ
QBREXZA
TEGSEDI
ZOLGENSMA
NEOPLASTIC DISEASE
ABRAXANE
ADCETRIS
AFINITOR
AFINITOR DISPERZ
ALECENSA
ALIMTA
ALIQOPA
ALUNBRIG
ARSENIC TRIOXIDE
ARZERRA
ASPARLAS
AVASTIN
AYVAKIT
BALVERSA

BAVENCIO
BELEODAQ
BESPONSA
BEXAROTENE
BLINCYTO
BORTEZOMIB
BOSULIF
BRAFTOVI
BRUKINSA
CABOMETYX
CALQUENCE
CAMPTOSAR
CAPECITABINE
CAPRELSA
COMETRIQ
COPIKTRA
COTELLIC
CYRAMZA
DARZALEX
DAURISMO
EMPLICITI
ENHERTU
ERBITUX
ERIVEDGE
ERLEADA
ERLOTINIB HCL
ERWINAZE
EVEROLIMUS
FARESTON
FARYDAK
FASLODEX
FULVESTRANT
GAZYVA
GILOTRIF
HALAVEN
HERCEPTIN
HERCEPTIN HYLECTA
IBRANCE
ICLUSIG
IDHIFA
IMATINIB MESYLATE
IMBRUVICA
IMFINZI
IMLYGIC
INFUGEM
INLYTA
INREBIC

IRESSA
IRINOTECAN HCL
ISTODAX
IXEMPRA
JAKAFI
KADCYLA
KANJINTI
KEYTRUDA
KYMRIAH
KYPROLIS
LARTRUVO
LENVIMA
LONSURF
LORBRENA
LUMOXITI
LUTATHERA
LYNPARZA
MARQIBO
MEKINIST
MEKTOVI
MITOXANTRONE HCL
MVASI
MYLOTARG
NERLYNX
NEXAVAR
NINLARO
NUBEQA
ODOMZO
OGIVRI
ONCASPAR
ONIVYDE
OPDIVO
PADCEV
PERJETA
PHOTOFRIN
PIQRAY
POLIVY
POMALYST
PORTRAZZA
REVLIMID
ROMIDEPSIN
ROZLYTREK
RUBRACA
RUXIENCE
RYDAPT
SPRYCEL
STIVARGA

SUTENT
SYLATRON
SYLVANT
SYNRIBO
TAFINLAR
TAGRISSE
TALZENNA
TARCEVA
TARGRETIN
TASIGNA
TAZVERIK
TECENTRIQ
TEMODAR
TEMOZOLOMIDE
TEMSIROLIMUS
TIBSOVO
TOREMIFENE CITRATE
TORISEL
TRAZIMERA
TRISENOX
TRUXIMA
TURALIO
TYKERB
UNITUXIN
VECTIBIX
VELCADE
VENCLEXTA
VENCLEXTA STARTING PACK
VERZENIO
VITRAKVI
VIZIMPRO
VOTRIENT
VYXEOS
XALKORI
XELODA
XOSPATA
XTANDI
YERVOY
YESCARTA
YONDELIS
YONSA
ZALTRAP
ZEJULA
ZELBORAF
ZIRABEV
ZYDELIG
ZYKADIA

NEUROLOGICAL DISEASE – MISC.
AUSTEDO
AVONEX
AVONEX PEN
BETASERON
COPAXONE
DALFAMPRIDINE ER
FIRDAPSE
GILENYA
GLATIRAMER ACETATE
GLATOPA
LEMTRADA
MAVENCLAD
MAYZENT
NUEDEXTA
OCREVUS
PLEGRIDY
PLEGRIDY PEN
REBIF
REBIF REBIDOSE
RUZURGI
TECFIDERA
TETRABENAZINE
TYSABRI
VUMERITY
ZINBRYTA
OTHER DRUGS
AIRSHIELD
BOOST SOOTHE
BOTOX
CERDELGA
CEREZYME
CO Q10-BLACK PEPPER
COENZYME Q10
COENZYME Q-10
DEFERASIROX
DEFEROXAMINE MESYLATE
DYSPORT
ELELYSO
ENFAGROW TODLR NXT STP NON-GMO
ENSURE
ENSURE ORIGINAL
ESTROVEN WEIGHT MANAGEMENT
EXJADE
FERRIPROX
LIVETROL
LUMIZYME

MIGLUSTAT
MONOGEN
MYOBLOC
NITYR
NUTRESTORE
PEDIASURE GROW-GAIN
PEDIASURE GROW-GAIN ORGANIC
PEDIASURE REDUCED CALORIE
Q-GEL MEGA
REVCOVI
SIGNIFOR
STRENSIQ
VIMIZIM
VPRIV
ZAVESCA
OTHER RESPIRATORY DISORDERS
ESBRIET
KALYDECO
OFEV
ORKAMBI
PULMOZYME
SYMDEKO
TRIKAFTA
PAIN MANAGEMENT - ANALGESICS
AIMOVIG AUTOINJECTOR
AIMOVIG AUTOINJECTOR (2 PACK)
AJOVY
EMGALITY PEN
EMGALITY SYRINGE
FENTANYL
FENTANYL CITRATE
HYDROMORPHONE ER
REYVOW
UBRELVY
PARKINSONS DISEASE
APOKYN
INBRIJA
NOURIANZ
SEIZURE DISORDER
DIACOMIT
EPIDIOLEX
SYMPAZAN
UPPER GI DISORDERS - DIGESTIVE
SUCRAID
URINARY – FUNCTIONAL DISORDERS
CYSTAGON
PROCYSBI