



**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=8226131564>

ACTOPLUS MET XR
ADAPALENE-BENZOYL PEROXIDE
ADVICOR
ADZENYS ER
ADZENYS XR-ODT
AEROSPAN
AIRDUO RESPICLICK
ALISKIREN
ALLZITAL
ALMOTRIPTAN MALATE
ALOCRIIL
ALOMIDE
ALPHAGAN P
AMCINONIDE
AMLODIPINE-ATORVASTATIN
AMLODIPINE-OLMESARTAN
AMLODIPINE-VALSARTAN
AMLODIPINE-VALSARTAN-HCTZ
ANZEMET
APTIOM
ARCAPTA NEOHALER
ARIPIRAZOLE
ARIPIRAZOLE ODT
AVANDIA
AZELAIC ACID
AZELASTINE-FLUTICASONE
AZOPT
BANZEL
BASAGLAR KWIKPEN U-100
BELSOMRA
BESIVANCE
BETOPTIC S
BEVYXXA
BIJUVA
BRINTELLIX

BRIVIACT
BROMSITE
BUDESONIDE ER
BUPROPION XL
BUTALBITAL-ACETAMINOPHEN
BYDUREON
BYDUREON BCISE
BYDUREON PEN
BYETTA
CALCIPOTRIENE
CALCIPOTRIENE-BETAMETHASONE DP
CALCITRENE
CALCITRIOL
CAPLYTA
CARDURA XL
CARISOPRODOL
CAVERJECT
CLINDAMYCIN PHOS-BENZOYL PEROX
CLINDAMYCIN-BENZOYL PEROXIDE
CLOBAZAM
CLOZAPINE ODT
CORLANOR
COSOPT PF
CROTAN
CYCLOBENZAPRINE HCL
DARIFENACIN ER
DESVENLAFAXINE ER
DESVENLAFAXINE FUMARATE ER
DEXILANT
DICLOFENAC SODIUM
DICLOFONO
DIFICID

DILATRATE-SR
DIPENTUM
DORZOLAMIDE-TIMOLOL
DOXYCYCLINE HYCLATE
DOXYCYCLINE IR-DR
DOXYCYCLINE MONOHYDRATE
DRITHOCREME HP
DRONABINOL
DROXIA
DUOBRII
DUTASTERIDE-TAMSULOSIN
DYMISTA
DYRENIUM
EDARBI
EDARBYCLOR
EDEX
EDLUAR
ELETRIPTAN HBR
EMADINE
EMSAM
ENABLEX
EPROSARTAN MESYLATE
EQUETRO
ERTACZO
EUCRISA
EURAX
EZETIMIBE-SIMVASTATIN
FANAPT
FARXIGA
FEBUXOSTAT
FELBAMATE
FENOFIBRATE
FETZIMA
FLUTICASONE-SALMETEROL
FLUVASTATIN ER
FLUVASTATIN SODIUM
FORAXA
FROTEK
FROVATRIPTAN SUCCINATE
FUZEON
FYCOMPA
GELNIQUE
GLYXAMBI
GRANISETRON HCL
HALCINONIDE
INVELTYS
INVOKAMET

INVOKAMET XR
INVOKANA
JALYN
JANUMET
JANUMET XR
JANUVIA
JARDIANCE
JENTADUETO
JENTADUETO XR
LAMICTAL ODT
LAMICTAL XR
LAMICTAL XR (BLUE)
LAMICTAL XR (GREEN)
LAMICTAL XR (ORANGE)
LAMOTRIGINE ER
LAMOTRIGINE ODT
LAMOTRIGINE ODT (BLUE)
LAMOTRIGINE ODT (GREEN)
LAMOTRIGINE ODT (ORANGE)
LASTACFT
LATUDA
LICART
LIDOTREX
LIVALO
LONHALA MAGNAIR REFILL
LONHALA MAGNAIR STARTER
LUMIGAN
MARPLAN
METHYLTESTOSTERONE
MILLIPRED
MILLIPRED DP
MONDOXYNE NL
MOTTEGRITY
MULTAQ
NEO-SYNALAR
NEUPRO
NOCDURNA
NORPACE CR
NORTRIPTYLINE HCL
OKEBO
OLMESARTAN MEDOXOMIL
OLMESARTAN-AMLODIPINE- HCTZ
OLMESARTAN- HYDROCHLOROTHIAZIDE
ONFI
ORACEA
OTREXUP

OXTELLAR XR
OZEMPIC
PALIPERIDONE ER
PAROXETINE MESYLATE
PAZEO
PEXEVA
PIMECROLIMUS
PIOGLITAZONE-GLIMEPIRIDE
PIOGLITAZONE-METFORMIN
POTIGA
PRAMIPEXOLE ER
PRESTALIA
PROLENSA
PURIXAN
QTERN
QUAZEPAM
RAMELTEON
RASUVO
REXULTI
RHOPRESSA
RIBASPHERE RIBAPAK
RISEDRONATE SODIUM
RISEDRONATE SODIUM DR
ROCKLATAN
ROPINIROLE ER
RYBELSUS
RYTARY
SABRIL
SANCUSO
SAPHRIS
SECUADO
SEEBRI NEOHALER
SEGLUROMET
SILENOR
SILODOSIN
SIMBRINZA
SIMVASTATIN
SOLIFENACIN SUCCINATE
SOLIQUA 100-33
SOLOSEC
SOLOXIDE
SORILUX
SOTYLIZE
SPRITAM
STEGLATRO
SUMATRIPTAN SUCC- NAPROXEN SOD
SYNDROS

SYNJARDY
SYNJARDY XR
TACLONEX
TADALAFIL
TASMAR
TAZORAC
TEKTURNA
TEKTURNA HCT
THYROLAR-1
THYROLAR-1/2
THYROLAR-1/4
THYROLAR-2
THYROLAR-3
TIAGABINE HCL
TICALAST
TICANASE
TICASPRAY
TIMOLOL-DORZOLAMIDE
TOLCAPONE
TOLTERODINE TARTRATE
TOLTERODINE TARTRATE ER
TOPIRAMATE ER
TOVIAZ
TRADJENTA
TRAVATAN Z
TRELEGY ELLIPTA
TRETINOIN MICROSPHERE
TREXIMET
TRIAMTERENE
TRIJARDY XR
TRINTELLIX
TROKENDI XR
TROSPIUM CHLORIDE
TROSPIUM CHLORIDE ER
TRULICITY
ULESFIA
ULORIC
UTIBRON NEOHALER
VASCEPA
VESICARE
VEXASYN
VIGABATRIN
VIGADRONE
VIIBRYD
VRAYLAR
VYVANSE
VYZULTA

XCOPRI
XIGDUO XR
XTAMPZA ER
XULTOPHY 100-3.6
ZECUITY
ZIOPTAN
ZOHYDRO ER
ZOLMITRIPTAN
ZOLMITRIPTAN ODT
ZOLPIDEM TARTRATE
ZOLPIMIST
ZOMIG
ZYFLO