



**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.

Non-formulary 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>

ABRAXANE
ACTEMRA
ACTEMRA ACTPEN
ACTIMMUNE
ADAKVEO
ADCETRIS
ADDYI
ADEMPAS
AEMCOLO
AFINITOR
AFINITOR DISPERZ
AFREZZA
AIMOVIG AUTOINJECTOR
AIMOVIG AUTOINJECTOR (2 PACK)
AJOVY AUTOINJECTOR
AJOVY SYRINGE
ALIMTA
ALIQOPA
ALYQ
AMBRISENTAN
AMPHETAMINE SULFATE
ANADROL-50
ANDEXXA
ANDRODERM
APOKYN
ARIKAYCE
ARSENIC TRIOXIDE
ARZERRA
ASPARLAS
AUBAGIO
AUSTEDO
AVONEX
AVONEX PEN
AYVAKIT
BAFIERTAM
BALVERSA

BAVENCIO
BAXDELA
BELEODAQ
BENLYSTA
BESPONSA
BETASERON
BETHKIS
BEXAROTENE
BIVALIRUDIN
BIVIGAM
BLENREP
BLINCYTO
BOOST
BOOST BREEZE
BOOST MAX
BOOST MEN
BOOST MOBILITY
BOOST PLUS
BOOST SOOTHE
BOOST VHC
BORTEZOMIB
BOSENTAN
BOSULIF
BOTOX
BRAFTOVI
BREYANZI
BRUKINSA
BYNFEZIA
CABLIVI
CABOMETYX
CAMPTOSAR
CAPECITABINE
CAPRELSA
CAYSTON
CEQUA
CERDELGA

CEREZYME
CHENODAL
CHOLBAM
CIMZIA
CINACALCET HCL
CINRYZE
COMETRIQ
CONTOUR NEXT TEST STRIP
CONTOUR TEST STRIP
COPIKTRA
COTELLIC
CRYSVITA
CUVITRU
CYRAMZA
CYSTADROPS
CYSTAGON
CYSTARAN
DALFAMPRIDINE ER
DANYELZA
DARAPRIM
DARZALEX
DARZALEX FASPRO
DAURISMO
DEFERASIROX
DEFERIPRONE
DEFEROXAMINE MESYLATE
DEPEN
DEXCOM
DEXCOM G4
DEXCOM G5
DEXCOM G5-G4 SENSOR
DEXCOM G6
DIACOMIT
DIMETHYL FUMARATE
DOJOLVI
DOPTELET
D-PENAMINE
DUPIXENT PEN
DUPIXENT SYRINGE
DYSPORT
EGRIFTA
EGRIFTA SV
ELIGARD
ELMIRON
EMGALITY PEN
EMGALITY SYRINGE
EMPLICITI

EMVERM
ENBREL
ENBREL MINI
ENBREL SURECLICK
ENDARI
ENFAGROW GENTLEASE FORMULA
ENFAGROW TODLR NXT STP NON-GMO
ENFAGROW TODLR TRANSITN NONGMO
ENFAMIL NEURO ENFACARE NON-GMO
ENFAMIL NEURO SENSITIVE NONGMO
ENFAMIL PROSOBEE
ENFAMIL REGULINE
ENHERTU
ENSPRYNG
ENSURE
ENSURE HARVEST
ENSURE ORIGINAL
ENTYVIO
EPCLUSA
EPIDIOLEX
EPOPROSTENOL SODIUM
ERBITUX
ERIVEDGE
ERLEADA
ERLOTINIB HCL
ERWINAZE
ESBRIET
EUFLEXXA
EVEROLIMUS
EVRYSDI
EXJADE
FARESTON
FARYDAK
FASENRA
FASENRA PEN
FASLODEX
FENSOLVI
FENTANYL
FENTANYL CITRATE
FERRIPROX
FERRIPROX (2 TIMES A DAY)
FINTEPLA
FLEBOGAMMA DIF
FLOLAN
FLUOROURACIL
FREESTYLE LIBRE 10 DAY READER
FREESTYLE LIBRE 10 DAY SENSOR

FREESTYLE LIBRE 14 DAY READER
FREESTYLE LIBRE 14 DAY SENSOR
FULPHILA
FULVESTRANT
GALAFOLD
GAMASTAN
GAMASTAN S-D
GAMIFANT
GAMMAGARD LIQUID
GAMMAGARD S-D
GAMMAPLEX
GAMUNEX-C
GATTEX
GAVRETO
GAZYVA
GEL-ONE
GENOTROPIN
GILENYA
GILOTRIF
GIVLAARI
GLATIRAMER ACETATE
GLATOPA
GRASTEK
HAEGARDA
HALAVEN
HARVONI
HEMLIBRA
HERZUMA
HETLIOZ
HETLIOZ LQ
HUMIRA
HUMIRA PEDIATRIC CROHN'S
HUMIRA PEN
HUMIRA PEN CROHN'S-UC-HS
HUMIRA PEN PSOR-UEVITS-ADOL HS
HUMIRA(CF)
HUMIRA(CF) PEDIATRIC CROHN'S
HUMIRA(CF) PEN
HUMIRA(CF) PEN CROHN'S-UC-HS
HUMIRA(CF) PEN PEDIATRIC UC
HUMIRA(CF) PEN PSOR-UV-ADOL HS
HYALGAN
HYDROMORPHONE ER
HYDROXYPROGESTERONE CAPROATE
HYQVIA
HYQVIA IG COMPONENT
IBRANCE

ICATIBANT
ICLUSIG
IDHIFA
ILARIS
ILUMYA
IMATINIB MESYLATE
IMBRUVICA
IMFINZI
IMLYGIC
INBRIJA
INCRELEX
INFUGEM
INLYTA
INQOVI
INTRON A
IRESSA
IRINOTECAN HCL
ISTODAX
ISTURISA
IXEMPRA
JAKAFI
JUBLIA
JUXTAPID
JYNARQUE
KADCYLA
KALYDECO
KANJINTI
KANUMA
KERYDIN
KESIMPTA PEN
KETO
KEVZARA
KEYTRUDA
KINERET
KISQALI
KISQALI FEMARA CO-PACK
KITABIS PAK
KOSELUGO
KRYSTEXXA
KUVAN
KYMRIAH
KYNAMRO
KYNMOBI
KYPROLIS
LAPATINIB
LARTRUVO
LEDIPASVIR-SOFOSBUVIR

LEMTRADA
LENVIMA
LEUKINE
LEUPROLIDE ACETATE
LIQUID HOPE PEPTIDE
LOKELMA
LONSURF
LORBRENA
LUMIZYME
LUMOXITI
LUPANETA PACK
LUPKYNIS
LUPRON DEPOT
LUPRON DEPOT (LUPANETA)
LUPRON DEPOT-PED
LUTATHERA
LYNPARZA
MAKENA
MARQIBO
MAVENCLAD
MAVYRET
MAYZENT
MEKINIST
MEKTOVI
MIGLUSTAT
MITOXANTRONE HCL
MONJUVI
MONOVISC
MVASI
MYCAPSSA
MYLOTARG
MYOBLOC
NAN PRO-1 INFANT
NATPARA
NERLYNX
NEULASTA
NEULASTA ONPRO
NEXAVAR
NEXLETOL
NEXLIZET
NITISINONE
NITYR
NIVESTYM
NORDITROPIN FLEXPOR
NOURIANZ
NOURISH PEPTIDE
NPLATE

NUBEQA
NUCALA
NUEDEXTA
NUPLAZID
NURTEC ODT
NUTRAMIGEN TODDLER ENFLORA-LGG
NUTRESTORE
NUTRISURE ORIGINAL
NUTRISURE PLUS
NUZYRA
NYMALIZE
OCALIVA
OCREVUS
OCTAGAM
OCTREOTIDE ACETATE
ODACTRA
ODOMZO
OFEV
OLUMIANT
ONCASPAR
ONIVYDE
ONTRUZANT
ONUREG
OPDIVO
OPSUMIT
ORALAIR
ORENCIA
ORENCIA CLICKJECT
ORENITRAM ER
ORFADIN
ORIAHNN
ORLISSA
ORKAMBI
ORLADEYO
ORTHOVISC
OTEZLA
OXANDROLONE
OXERVATE
OXLUMO
PADCEV
PALFORZIA
PALYNZIQ
PANZYGA
PARSABIV
PEDIASURE HARVEST
PEDIASURE REDUCED CALORIE
PEGASYS

PEGASYS PROCLICK
PEGINTRON
PEGINTRON REDIPEN
PEMAZYRE
PENICILLAMINE
PERJETA
PHENOXYBENZAMINE HCL
PHESGO
PHOTOFRIN
PIQRAY
PLEGRIDY
PLEGRIDY PEN
POLIVY
POMALYST
PORTRAZZA
PROCRIT
PROMACTA
PULMOZYME
PYRIMETHAMINE
QBREXZA
QINLOCK
RAGWITEK
RAVICTI
REBIF
REBIF REBIDOSE
REBLOZYL
RELISTOR
REMODULIN
RENFLEXIS
REPATHA PUSHTRONEX
REPATHA SURECLICK
REPATHA SYRINGE
RESTASIS
RESTASIS MULTIDOSE
RETACRIT
RETEVMO
REVATIO
REVCOVI
REVLIMID
REYVOW
RINVOQ
ROMIDEPSIN
ROZLYTREK
RUBRACA
RUCONEST
RUXIENCE
RUZURGI

RYDAPT
SAMSCA
SANDOSTATIN
SAPROPTERIN DIHYDROCHLORIDE
SARCLISA
SCENESSE
SEROSTIM
SHORT RAGWEED
SIGNIFOR
SILDENAFIL CITRATE
SIMILAC PRO-SENSITIVE NON-GMO
SIMILAC SPECIAL CARE 24
SIMILAC TOTAL COMFORT
SIMPONI
SIMPONI ARIA
SINUVA
SIRTURO
SKYRIZI
SKYRIZI (2 SYRINGES) KIT
SODIUM HYALURONATE
SODIUM PHENYLBUTYRATE
SOFOSBUVIR-VELPATASVIR
SOLIRIS
SPRYCEL
STELARA
STIVARGA
STRENSIQ
STRIANT
SUCRAID
SUNOSI
SUPARTZ FX
SUTENT
SYLATRON
SYLVANT
SYMDEKO
SYMPAZAN
SYNAGIS
SYNAREL
SYNRIBO
TABRECTA
TADALAFIL
TAFINLAR
TAGRISSO
TAKHZYRO
TALTZ AUTOINJECTOR
TALTZ AUTOINJECTOR (2 PACK)
TALTZ AUTOINJECTOR (3 PACK)

TALTZ SYRINGE
TALTZ SYRINGE (2 PACK)
TALTZ SYRINGE (3 PACK)
TALZENNA
TARCEVA
TARGRETIN
TASIGNA
TAVABOROLE
TAZVERIK
TECARTUS
TECENTRIQ
TEGSEDI
TEMODAR
TEMOZOLOMIDE
TEMSIROLIMUS
TEPADINA
TEPEZZA
TEPMETKO
TESTONE CIK
TESTOSTERONE
TESTOSTERONE CYPIONATE
TESTOSTERONE ENANTHATE
TETRABENAZINE
THALOMID
THIOTEPA
TIBSOVO
TIGLUTIK
TOBI PODHALER
TOBRAMYCIN
TOLVAPTAN
TOREMIFENE CITRATE
TORISEL
TRACLEER
TRAZIMERA
TREMFYA
TREPROSTINIL
TRIKAFTA
TRILURON
TRIPTODUR
TRISENOX
TRIVISC
TRODELVY
TUKYSA
TURALIO
TYBOST
TYKERB
TYMLOS

TYSABRI
TYVASO
TYVASO INSTITUTIONAL START KIT
TYVASO REFILL KIT
TYVASO STARTER KIT
UBRELVY
UKONIQ
ULTOMIRIS
UNITUXIN
UPLIZNA
UPTRAVI
VALCHLOR
VANTAS
VECAMYL
VECTIBIX
VELCADE
VELETRI
VENCLEXTA
VENCLEXTA STARTING PACK
VENTAVIS
VERQUVO
VERZENIO
VIBERZI
VIMIZIM
VISCO-3
VITRAKVI
VIZIMPRO
VOSEVI
VOTRIENT
VPRIV
VYLEESI
VYNDAMAX
VYNDAQEL
VYXEOS
WAKIX
XALKORI
XELJANZ
XELJANZ XR
XEMBIFY
XENLETA
XERMELO
XGEVA
XIIDRA
XOLAIR
XOSPATA
XTANDI
XURIDEN

XYREM
XYWAV
YERVOY
YESCARTA
YONDELIS
YONSA
ZALTRAP
ZARXIO
ZAVESCA
ZEJULA
ZELBORAF
ZEPOSIA
ZEPZELCA
ZIEXTENZO
ZINBRYTA
ZIRABEV
ZOKINVY
ZOLADEX
ZOLEDRONIC ACID
ZOLGENSMA
ZORBTIVE
ZYDELIG
ZYKADIA