



Medication Request Form for West Virginia Plans

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

Attn: Prior Authorization Department
 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, Wellfleet Rx 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=8201349712>

ALLERGY
GRASTEK
ODACTRA
ORALAIR
RAGWITEK
SINUVA
ASTHMA AND COPD
CINQAIR
DUPIXENT
FASENRA
NUCALA
XOLAIR
BEHAVIORAL HEALTH - ANTIDEPRESSANTS
SPRAVATO
BEHAVIORAL HEALTH - OTHER
AMPHETAMINE SULFATE
HETLIOZ
NUPLAZID
SUNOSI
XYREM
CARDIOVASCULAR DISEASE - HYPERTENSION
ADEMPAS
ALISKIREN
ALYQ
AMBRISENTAN
AMTURNIDE
BOSENTAN
EPOPROSTENOL SODIUM
FLOLAN
LETAIRIS
NYMALIZE
OPSUMIT
ORENITRAM ER
PHENOXYBENZAMINE HCL
REMODULIN

REVIATIO
SILDENAFIL
SILDENAFIL CITRATE
TADALAFIL
TEKAMLO
TEKTURNA
TEKTURNA HCT
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
PRALUENT SYRINGE
REPATHA PUSHTRONEX
REPATHA SURECLICK
REPATHA SYRINGE
CARDIOVASCULAR DISEASE - MISCELLANEOUS AGENTS
CORLANOR
ENTRESTO
NORTHERA
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
SKYRIZI
SKYRIZI (2 SYRINGES) KIT
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
VELTASSA
ENDOCRINE DISORDER - FERTILITY
HYDROXYPROGESTERONE CAPROATE
MAKENA
ENDOCRINE DISORDER - OTHER
CINACALCET HCL
EGRIFTA
ELIGARD
GENOTROPIN
INCRELEX
LEUPROLIDE ACETATE
LUPRON DEPOT
LUPRON DEPOT (LUPANETA)
LUPRON DEPOT-PED
NATPARA
ORLISSA

PARSABIV
PROLIA
SENSIPAR
SEROSTIM
SYNAREL
THYROGEN
TRELSTAR
TRIPTODUR
TYMLOS
VANTAS
XGEVA
ZOLADEX
ZOLEDRONIC ACID
ZORBTIVE
EYE - GENERAL DISORDERS
OXERVATE
RESTASIS
RESTASIS MULTIDOSE
XIIDRA
EYE - MISCELLANEOUS
CYSTARAN
FLUID REPLACEMENT
XURIDEN
GOUT AND RELATED DISEASES
KRYSTEXXA
HEMATOLOGICAL DISORDERS
ANDEXXA
BEVYXXA
CABLIVI
DOPTELET
GRANIX
HEMLIBRA
LEUKINE
MIRCERA
MULPLETA
NEULASTA
PROCRIT
PROMACTA
RETACRIT
SOLIRIS
TAVALISSE
UDENYCA
ULTOMIRIS
ZARXIO
HORMONAL DEFICIENCY
ANADROL-50

ANDRODERM
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
IMMUNOSUPPRESSION/MODULATION
GAMIFANT
INTRON A
INFECTIOUS DISEASE - BACTERIAL
BAXDELA
CAYSTON
NUZYRA
INFECTIOUS DISEASE - MISCELLANEOUS
AEMCOLO
ARIKAYCE
BETHKIS
KITABIS PAK
SIRTURO
THALOMID
TOBI PODHALER
TOBRAMYCIN
INFECTIOUS DISEASE - PARASITIC
DARAPRIM
EMVERM
INFECTIOUS DISEASE - VIRAL
EPCLUSA
HARVONI
LEDIPASVIR-SOFOSBUVIR

MAVYRET
PEGINTRON
PEGINTRON REDIPEN
SOFOSBUVIR-VELPATASVIR
SOVALDI
SYNAGIS
TYBOST
VICTRELIS
VOSEVI
INFLAMMATORY DISEASE
ACTEMRA
ACTEMRA ACTPEN
BENLYSTA
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-UVEITS-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
OLUMIANT
OTEZLA
PENICILLAMINE
RENFLEXIS
RUCONEST
SIMPONI ARIA
STELARA
TAKHZYRO
XELJANZ
XELJANZ XR
LOWER GASTROINTESTINAL DISORDERS - BOWEL INFLAMMAT

VIBERZI
LOWER GASTROINTESTINAL DISORDERS - OTHER
CHENODAL
CHOLBAM
GATTEX
OCALIVA
RAVICTI
XERMELO
MISCELLANEOUS AGENTS
CRYSVITA
GALAFOLD
KANUMA
KUVAN
PALYNZIQ
TEGSEDI
ZOLGENSMA
NEOPLASTIC DISEASE
ABIRATERONE ACETATE
ABRAXANE
ADCETRIS
AFINITOR
AFINITOR DISPERZ
ALECENSA
ALIMTA
ALIQOPA
ALUNBRIG
ARZERRA
AVASTIN
BALVERSA
BAVENCIO
BELEODAQ
BESPONSA
BEXAROTENE
BLINCYTO
BORTEZOMIB
BOSULIF
BRAFTOVI
CABOMETYX
CALQUENCE
CAPECITABINE
CAPRELSA
COMETRIQ
COPIKTRA
COTELLIC
CYRAMZA

DARZALEX
DAURISMO
ELSPAR
EMPLICITI
ERBITUX
ERIVEDGE
ERLOTINIB HCL
ERWINAZE
FARESTON
FARYDAK
FASLODEX
FULVESTRANT
GAZYVA
GILOTRIF
HALAVEN
HERCEPTIN
HERCEPTIN HYLECTA
IBRANCE
ICLUSIG
IDHIFA
IMBRUVICA
IMFINZI
IMLYGIC
INFUGEM
INLYTA
IRESSA
ISTODAX
IXEMPRA
JAKAFI
KADCYLA
KEYTRUDA
KISQALI
KISQALI FEMARA CO-PACK
KYMRIAH
KYPROLIS
LARTRUVO
LENVIMA
LONSURF
LORBRENA
LUMOXITI
LUTATHERA
LYNPARZA
MARQIBO
MEKINIST
MEKTOVI
MITOXANTRONE HCL

MYLOTARG
NERLYNX
NEXAVAR
NINLARO
ODOMZO
ONCASPAR
ONIVYDE
OPDIVO
PERJETA
PHOTOFRIN
PIQRAY
POLIVY
POMALYST
PORTRAZZA
REVLIMID
ROMIDEPSIN
RUBRACA
RYDAPT
SPRYCEL
STIVARGA
SUTENT
SYLATRON
SYLATRON 4-PACK
SYLVANT
SYNRIBO
TAFINLAR
TAGRISSO
TALZENNA
TARCEVA
TARGRETIN
TASIGNA
TECENTRIQ
TEMODAR
TEMOZOLOMIDE
TEMSIROLIMUS
TIBSOVO
TOREMIFENE CITRATE
TORISEL
TYKERB
UNITUXIN
VECTIBIX
VELCADE
VERZENIO
VITRAKVI
VIZIMPRO
VOTRIENT

VYXEOS
XALKORI
XELODA
XOSPATA
XPOVIO
XTANDI
YERVOY
YESCARTA
YONDELIS
YONSA
ZALTRAP
ZEJULA
ZELBORAF
ZYDELIG
ZYKADIA
ZYTIGA
NEUROLOGICAL DISEASE - MISCELLANEOUS
AMPYRA
AUSTEDO
AVONEX
AVONEX PEN
COPAXONE
DALFAMPRIDINE ER
EXTAVIA
FIRDAPSE
GILENYA
GLATIRAMER ACETATE
GLATOPA
INGREZZA
INGREZZA INITIATION PACK
LEMTRADA
MAVENCLAD
MAYZENT
NUEDEXTA
OCREVUS
PLEGRIDY
PLEGRIDY PEN
REBIF
REBIF REBIDOSE
RUZURGI
TECFIDERA
TETRABENAZINE
TYSABRI
ZINBRYTA
OTHER DRUGS

BOTOX
CERDELGA
CEREZYME
DEFERASIROX
DEFEROXAMINE MESYLATE
ELELYSO
ENDARI
EXJADE
FERRIPROX
JADENU
JADENU SPRINKLE
LUMIZYME
MIGLUSTAT
MYOBLOC
NITYR
NUTRESTORE
ORFADIN
REVCOVI
SIGNIFOR
STRENSIQ
VIMIZIM
VPRIV
ZAVESCA
OTHER RESPIRATORY DISORDERS
ESBRIET
KALYDECO
OFEV
ORKAMBI
PULMOZYME
SYMDEKO
PAIN MANAGEMENT - ANALGESICS
AIMOVIG AUTOINJECTOR
AIMOVIG AUTOINJECTOR (2 PACK)
AJOVY
EMGALITY PEN
EMGALITY SYRINGE
FENTANYL
FENTANYL CITRATE
HYDROMORPHONE ER
LUCEMYRA
SUBLOCADE
PARKINSONS DISEASE
APOKYN
INBRIJA
SEIZURE DISORDER
DIACOMIT

EPIDIOLEX
SYMPAZAN
UPPER GASTROINTESTINAL DISORDERS - DIGESTIVE
SUCRAID