



# 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>

<b>ALLERGY</b>
GRASTEK
ODACTRA
ORALAIR
RAGWITEK
SINUVA
<b>ASTHMA AND COPD</b>
DUPIXENT
FASENRA
FASENRA PEN
NUCALA
XOLAIR
<b>BEHAVIORAL HEALTH - OTHER</b>
AMPHETAMINE SULFATE
HETLIOZ
NUPLAZID
SUNOSI
WAKIX
XYREM
<b>CARDIOVASCULAR DISEASE - HYPERTENSION</b>
ADEMPAS
ALYQ
AMBRISENTAN
AMTURNIDE
BOSENTAN
EPOPROSTENOL SODIUM
FLOLAN
LETAIRIS
NYMALIZE
OPSUMIT
ORENITRAM ER
PHENOXYBENZAMINE HCL
REMODULIN
REVATIO
SILDENAFIL CITRATE

TADALAFIL
TEKAMLO
TRACLEER
TREPROSTINIL
TYVASO
TYVASO INSTITUTIONAL START KIT
TYVASO REFILL KIT
TYVASO STARTER KIT
UPTRAVI
VECAMYL
VELETRI
VENTAVIS
<b>CARDIOVASCULAR DISEASE - LIPID IRREGULARITY</b>
JUXTAPID
KYNAMRO
PRALUENT PEN
REPATHA PUSHTRONEX
REPATHA SURECLICK
REPATHA SYRINGE
<b>CARDIOVASCULAR DISEASE - MISCELLANEOUS AGENTS</b>
ENTRESTO
NORTHERA
VYNDAMAX
VYNDAQEL
<b>DERMATOLOGY - ANTIINFECTIVE</b>
JUBLIA
KERYDIN
<b>DERMATOLOGY - MISCELLANEOUS</b>
CARAC
FLUOROURACIL
TARGRETIN
VALCHLOR
<b>DERMATOLOGY - PSORIASIS/ECZEMA</b>
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
<b>DIABETES</b>
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
<b>ELECTROLYTE REGULATION</b>
JYNARQUE
LOKELMA
SAMSCA
VELTASSA
<b>ENDOCRINE DISORDER - FERTILITY</b>
HYDROXYPROGESTERONE CAPROATE
MAKENA
<b>ENDOCRINE DISORDER - OTHER</b>
CINACALCET HCL
EGRIFTA
ELIGARD
FORTEO
GENOTROPIN
INCRELEX
LEUPROLIDE ACETATE
LUPRON DEPOT
LUPRON DEPOT (LUPANETA)
LUPRON DEPOT-PED

NATPARA
NORDITROPIN FLEXPRO
NORDITROPIN NORDIFLEX
ORILISSA
PARSABIV
SENSIPAR
SEROSTIM
SYNAREL
THYROGEN
TRELSTAR
TRIPTODUR
TYMLOS
VANTAS
XGEVA
ZOLADEX
ZOLEDRONIC ACID
ZORBTIVE
<b>EYE - GENERAL DISORDERS</b>
OXERVATE
RESTASIS
RESTASIS MULTIDOSE
XIIDRA
<b>EYE - MISCELLANEOUS</b>
CYSTARAN
<b>FLUID REPLACEMENT</b>
XURIDEN
<b>GOUT AND RELATED DISEASES</b>
KRYSTEXXA
<b>HEMATOLOGICAL DISORDERS</b>
ANDEXXA
CABLIVI
DOPTELET
GRANIX
HEMLIBRA
LEUKINE
MULPLETA
NEULASTA
PROCRIT
PROMACTA
RETACRIT
SOLIRIS
TAVALISSE
UDENYCA
ULTOMIRIS
ZARXIO
<b>HORMONAL DEFICIENCY</b>

ANADROL-50
ANDRODERM
OXANDROLONE
STRIANT
TESTONE CIK
TESTOSTERONE
TESTOSTERONE CYPIONATE
TESTOSTERONE ENANTHATE
<b>IMMUNIZATION</b>
CUTAQUIG
CUVITRU
FLEBOGAMMA DIF
GAMASTAN S-D
GAMMAGARD LIQUID
GAMMAGARD S-D
GAMMAKED
GAMMAPLEX
GAMUNEX-C
HIZENTRA
HYQVIA
HYQVIA IG COMPONENT
OCTAGAM
PANZYGA
PRIVIGEN
<b>IMMUNOSUPPRESSION/MODULATION</b>
GAMIFANT
INTRON A
<b>INFECTIOUS DISEASE - BACTERIAL</b>
BAXDELA
CAYSTON
NUZYRA
XENLETA
<b>INFECTIOUS DISEASE - MISCELLANEOUS</b>
AEMCOLO
ARIKAYCE
BETHKIS
KITABIS PAK
SIRTURO
THALOMID
TOBI PODHALER
TOBRAMYCIN
<b>INFECTIOUS DISEASE - PARASITIC</b>
DARAPRIM
EMVERM
<b>INFECTIOUS DISEASE - VIRAL</b>

HARVONI
LEDIPASVIR-SOFOSBUVIR
MAVYRET
PEGASYS
PEGASYS PROCLICK
PEGINTRON
PEGINTRON REDIPEN
SOFOSBUVIR-VELPATASVIR
SYNAGIS
TRUVADA
TYBOST
VICTRELIS
VOSEVI
<b>INFLAMMATORY DISEASE</b>
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-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
KINERET
OLUMIANT
ORENCIA
ORENCIA CLICKJECT
OTEZLA
PENICILLAMINE
RENFLEXIS

RINVOQ ER
RUCONEST
SIMPONI
SIMPONI ARIA
STELARA
TAKHZYRO
XELJANZ
XELJANZ XR
<b>LOWER GASTROINTESTINAL DISORDERS - BOWEL INFLAMMAT</b>
VIBERZI
<b>LOWER GASTROINTESTINAL DISORDERS - OTHER</b>
CHENODAL
CHOLBAM
GATTEX
OCALIVA
RAVICTI
XERMELO
<b>MISCELLANEOUS AGENTS</b>
CRYSVITA
GALAFOLD
KANUMA
KUVAN
PALYNZIQ
TEGSEDI
ZOLGENSMA
<b>NEOPLASTIC DISEASE</b>
ABIRATERONE ACETATE
ABRAXANE
ADCETRIS
AFINITOR
AFINITOR DISPERZ
ALECENSA
ALIMTA
ALIQOPA
ALUNBRIG
ARSENIC TRIOXIDE
ARZERRA
ASPARLAS
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
IMATINIB MESYLATE
IMBRUVICA
IMFINZI
IMLYGIC
INFUGEM
INLYTA
INREBIC
IRESSA
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
ONCASPAR
ONIVYDE
OPDIVO
PERJETA
PHOTOFRIN
PIQRAY
POLIVY
POMALYST
PORTRAZZA
REVLIMID
ROMIDEPSIN
ROZLYTREK
RUBRACA
RYDAPT
SPRYCEL
STIVARGA
SUTENT
SYLATRON
SYLATRON 4-PACK
SYLVANT
SYNRIBO
TAFINLAR
TAGRISSE
TALZENNA
TARCEVA
TARGRETIN

TASIGNA
TECENTRIQ
TEMODAR
TEMOZOLOMIDE
TEMSIROLIMUS
TIBSOVO
TOREMIFENE CITRATE
TORISEL
TRISENOX
TURALIO
TYKERB
UNITUXIN
VECTIBIX
VELCADE
VENCLEXTA
VENCLEXTA STARTING PACK
VERZENIO
VITRAKVI
VIZIMPRO
VOTRIENT
VYXEOS
XALKORI
XELODA
XOSPATA
XPOVIO
XTANDI
YERVOY
YESCARTA
YONDELIS
YONSA
ZALTRAP
ZEJULA
ZELBORAF
ZYDELIG
ZYKADIA
ZYTIGA
<b>NEUROLOGICAL DISEASE - MISCELLANEOUS</b>
AMPYRA
AUSTEDO
AVONEX
AVONEX PEN
COPAXONE
DALFAMPRIDINE ER
EXTAVIA
FIRDAPSE

GILENYA
GLATIRAMER ACETATE
GLATOPA
LEMTRADA
MAVENCLAD
MAYZENT
NUEDEXTA
OCREVUS
PLEGRIDY
PLEGRIDY PEN
REBIF
REBIF REBIDOSE
RUZURGI
TECFIDERA
TETRABENAZINE
TYSABRI
ZINBRYTA
<b>OTHER DRUGS</b>
BOTOX
CERDELGA
CEREZYME
DEFERASIROX
DEFEROXAMINE MESYLATE
ELELYSO
ENDARI
EXJADE
FERRIPROX
JADENU
JADENU SPRINKLE
LUMIZYME
MIGLUSTAT
MYOBLOC
NITISINONE
NITYR
NUTRESTORE
ORFADIN
REVCOVI
SIGNIFOR
STRENSIQ
VIMIZIM
VPRIV
ZAVESCA
<b>OTHER RESPIRATORY DISORDERS</b>
ESBRIET
KALYDECO
OFEV

ORKAMBI
PULMOZYME
SYMDEKO
TRIKAFTA
<b>PAIN MANAGEMENT - ANALGESICS</b>
AIMOVIG AUTOINJECTOR
AIMOVIG AUTOINJECTOR (2 PACK)
AJOVY
EMGALITY PEN
EMGALITY SYRINGE
FENTANYL
FENTANYL CITRATE
HYDROMORPHONE ER
<b>PARKINSONS DISEASE</b>
APOKYN
INBRIJA
NOURIANZ
<b>SEIZURE DISORDER</b>
DIACOMIT
EPIDIOLEX
SYMPAZAN
<b>UPPER GASTROINTESTINAL DISORDERS - DIGESTIVE</b>
SUCRAID