

This form is based on Express Scripts standard criteria and may not be applicable to all patients; certain plans and situations may require additional information beyond what is specifically requested.

Additional forms available: www.express-scripts.com/pa

Fax completed form to **1-877-251-5896**

If this is an **URGENT** request, please call 1-877-640-7938

Patient Information

Patient First Name: _____

Patient Last Name: _____

Patient ID#: _____

Patient DOB: _____

Patient Phone #: _____

Prescriber Information

Prescriber Name: _____

Prescriber DEA/NPI (required): _____

Prescriber Phone #: _____

Prescriber Fax #: _____

Prescriber Address: _____

State: _____ Zip Code: _____

Diagnosis: _____ ICD Code: _____

Please indicate which drug and strength is being requested: _____

Quantity Requested _____ for _____ days supply

Other Medications/Therapies tried and reason(s) for failure and/or any other information the physician feels is important to the review:

Prescriber Signature: _____ Date: _____

Office Contact Name: _____ Phone Number: _____

Based upon each patient's prescription plan, additional questions may be required to complete the prior authorization process. If you have any questions about the process or required information, please contact our prior authorization team at the number listed on the top of this form.

Prior Authorization of Benefits is not the practice of medicine or a substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for the patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions.

The document(s) accompanying this transmission may contain confidential health information. This information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you received this information in error, please notify the sender immediately and arrange for the return or destruction of the documents.



Updated 4/28/2021

Valid 8/1/2021 through 12/31/2021

For plans in West Virginia with BIN 003858 (Express Scripts) on the ID card, Wellfleet Rx requires prior authorization on the following medications under the prescription drug benefit. Medications under the formulary may also require step therapy.

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 FLEXPRO
NOURIANZ
NOURISH PEPTIDE
NPLATE
NUBEQA
NUCALA
NUDEXTA
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
PHEGO
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
REVCIVI
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
TYTABRI
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