



WELLCARE INJECTABLE INFUSION FORM

Coverage Determination Request for WellCare of Georgia Medicaid
FAX to **1-855-677-3913** WellCare Pharmacy - Injectable Infusion Department

WellCare will evaluate the request based on applicable medical criteria, FDA guidelines, protocols developed by the WellCare Pharmacy & Therapeutics Committee, and plan benefits.

Who is making this request? Provider Member

Appointed Representatives: Please include a signed Appointment of Representative form (CMS-1696) or equivalent notice.

Complete each section legibly and completely (include any additional necessary medical records or laboratory results).		Date of Request:
Member Name:		Provider Name:
Member ID#:		Provider Address:
Member Address :		City, State, Zip:
City, State, Zip:		Provider Phone:
Phone:	DOB:	Provider Fax:
Ht/Wt (lb/kg):	Dx:	Provider Contact Name:
Allergies:	ICD9:	Provider ID#/NPI:

Medication	Dose	Frequency	Length of Treatment

(Please use another form if more lines are needed) **Physician Signature:**

Document clinical rationale for override/exception request. List names and doses of previous medication(s) tried and failed. Fax all supporting documentation.

Please answer all questions below for a thorough review.

- Is the medication being administered in physician's office? **Yes** (see A & B below) **No**
 - Will the medication be sent to the provider's office for administration? **Yes** **No**
If Yes: Pharmacy is responsible for collecting the medication co-payment from the patient.
 - Will physician supply medication? **Yes** **No**
If Yes: Physician's office is responsible for collecting medication co-payment from the patient.
- Is the medication being administered at a facility or outpatient center? **Yes** **No**
Facility/Outpatient Clinic Name: _____ Facility/Clinic Provider ID#: _____
- Is the medication being administered in patient's home? **Yes** **No**

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WellCare proudly serves the Georgia Medicaid and PeachCare for Kids® members enrolled in the Georgia Families® program and women enrolled in the Planning for Healthy Babies® program.