

### QUANTITY LIMIT EXCEPTION REQUEST

**\*\*Supporting rationale is required for quantities over the plan limit.\*\***  
 Please consult the plan formulary for plan quantity limits

<input type="checkbox"/> Standard Request <input type="checkbox"/> Expedited Request	If you or your prescriber believe that waiting for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can request an expedited decision.  <b>For state exchanges only:</b> The above disclaimer applies for exigent circumstances. Expedited review may also be requested when you are undergoing a current course of treatment using a non-formulary drug.
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#### Demographics

Patient Information		Prescriber Information	
Patient Name:		Prescriber Name:	
DOB:	Age:	NPI#:	Specialty:
Health Plan ID#:		Phone:	Fax:
Pharmacy Name:	Pharmacy Phone:	Office Contact:	Direct Phone # or Ext:

#### Medication Information

Drug Requested:	Strength:	Directions:	
Quantity Dispensed:	Day Supply:		<input type="checkbox"/> Generic <input type="checkbox"/> Brand Necessary
<i>Generic equivalent drugs will be substituted for Brand name drugs unless you specifically indicate otherwise.</i>			
<input type="checkbox"/> New medication <input type="checkbox"/> Continuation of therapy	Start Date:	If this is continuation of therapy, please provide CHART DOCUMENTATION indicating the member showed improvement while on therapy.	

#### Clinical Information

Diagnosis:	Date Diagnosed:
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**\*\*Please provide documentation showing why a quantity over the plan limit is required. \*\***  
 Please include information showing that the dose under this restriction has been ineffective or would be considered ineffective based on the member's medical condition.

#### History of Medications Used to Treat Above Condition

No other medications have been used to treat this condition

Medication	Strength	Directions	Dates of Therapy		Reason for Discontinuing
			Start	End	

**Please provide any additional information which should be considered in the space below:**
