

Important Information about Prescription Drug Coverage

To: _____ From: _____

Fax: _____ Pages: _____

Re: Request for Quantity Limit Exception: Please Respond.

- Please complete the attached Request for Quantity Limit Exception Form.
- To prevent delays in the review process please complete all requested fields.
- Completed forms should be faxed to: 1-855-633-7673. It is not necessary to fax this cover page.

Information about this Request for Quantity Limit Exception

Use this form to request coverage of a quantity in excess of plan quantity limits. Quantity limits are in place on certain classes of agents based on manufacturer's safety and dosing guidelines. To process this request, documentation must be provided explaining why the quantity allowed would be ineffective or adversely affect the patient. Please provide clinical information or other evidence to support prescribing this medication in excess of plan quantity limits, including previous doses and other drugs attempted for this patient's condition.

You can make an expedited request by indicating this at the top of the attached form. If you request an expedited review and sign the attached form, you certify that applying the 72 hour standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

Information on the attached form is protected health information and subject to all privacy and security regulations under HIPAA.

SilverScript Employer PDP is a Prescription Drug Plan. This plan is offered by SilverScript Insurance Company, which has a Medicare contract. Enrollment depends on contract renewal.

Member privacy is important to us. Our employees are trained regarding the appropriate way to handle our members' private health information.

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