

**Su	pporting rat	ionale	e is require	XCEPTION R d for quantities rmulary for plan	over the plar	n limit.'	k X	
 Standard Request (72 hours) Expedited Request (24 hours) If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can request an expedited decision. For expedited requests you will receive a decision within 24 hours. You cannot request an expedited coverage determination if you are requesting reimbursement for a drug you already received. 								
			Demo	graphics				
Patient In Patient In Patient Name:		Prescriber Information Prescriber Name:						
Patient Name.		Freschber Name.						
DOB:		Age:		NPI#:			Specialty:	
Health Plan ID#:				Phone:		Fax:	Fax:	
Pharmacy Name: Pharm		nacy Phone:		Office Contact:		Direct Phone # or Ext:		
Drug Requested:			Strength:	n Information	Directions:			
Quantity Dispensed:			Day Supply:		☐ Generic ☐ Brand N		eneric rand Necessary	
Generic equivalent dru	-	ıbstitu	ted for Bran	d name drugs ur	nless you spec	cifically	indicate otherwise.	
 New medication Continuation of therapy 		is is continuation of therapy, please provide CHART DOCUMENTATION cating the member showed improvement while on therapy.						
			Clinical	Information				
Diagnosis:				Date Diagnosed:				
**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.								
Hi	story of M	edic	ations Us	ed to Treat A	bove Conc	lition		
□ No other medications hav	e been used	to trea	at this condi					
					f Therapy			
Medication	Strength		irections	Start	End	R	eason for Discontinuing	
Please provide an	y additiona	il info	ormation w	hich should b	e considere	d in th	e space below:	

www.medstarprovidernetwork.org/ms_pharm_prior_authorization_forms.html

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