

**Su	pporting rat	ionale	e is require	<b>XCEPTION R</b> d for quantities rmulary for plan	over the plar	n limit.'	k X	
<ul> <li>Standard Request (72 hours)</li> <li>Expedited Request (24 hours)</li> <li>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.</li> </ul>								
			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.	
<ul> <li>New medication</li> <li>Continuation of therapy</li> </ul>		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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