

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 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.

The State of New York has created a participant ombudsman program called the Independent Consumer Advocacy Network (ICAN) to provide Participants free, confidential assistance on any services offered by MetroPlus FIDA Plan. ICAN may be reached toll-free at 1-844-614-8800 or online at icannys.org.

MetroPlus FIDA Plan (Medicare-Medicaid Plan) is a managed care plan that contracts with both Medicare and the New York State Department of Health (Medicaid) to provide benefits of both programs to Participants through the Fully Integrated Duals Advantage (FIDA) Demonstration.

Benefits, List of Covered Drugs, and pharmacy and provider networks may change from time to time throughout the year and on January 1 of each year.

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

CONFIDENTIALITY NOTICE: This communication and any attachments may contain confidential and/or privileged information for the use of the designated recipients named above. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution or copying of it or its contents is prohibited. If you have received this communication in error, please notify the sender immediately by telephone and destroy all copies of this communication and any attachments.

Request for Quantity Limit Exception

Patient Information and Prescriber and Pharmacy Information sections with fields for Name, ID, Address, Phone, etc.

All items below this line are for Physician Use Only

Information for Requested Drug section with fields for Drug Name, Strength, Dosage form, Qty per 30 days, Directions, ICD-10 Code, and a paragraph of explanatory text.

Request for Quantity Limit Exception Criteria

Medical Justification: Please provide medical justification for the quantity limit exception request. Attach additional pages if necessary. If the number of doses available under a dose restriction for the prescription drug:

- Three checkbox options for medical justification criteria: 1) Has previously been ineffective... 2) Based on both sound clinical evidence... 3) If no prior trial of the requested medication...

I attest that the information provided on this form is true and accurate as of this date:

Prescriber's signature: _____ Date: _____