

# Prescription Medication Quantity Limit Exception Request Form



- Standard PA Request   
  Urgent/Expedited PA Request

Please fill out all sections and attach any important documentation such as chart notes or lab results to support the Exception request. Once completed, submit the completed document to WithMe Health via fax at **1-866-678-8301**

### Patient Information

Patient Name (Last, First, MI):		
Member ID Number:	Date of Birth:	Patient Phone Number:
Patient Address:		
Patient's Authorized Representative (If applicable):		Authorized Rep Phone Number:

### Provider Information

Requesting Provider's Name:		
NPI:	Specialty:	
Office Address:		
Office Phone:	Office Fax:	
Office Contact Name:	Phone:	Fax:
Dispensing Pharmacy Name/Place of Service:	Phone:	Fax:

### Requested Medication Information

Medication Name and Strength:	
Dose and Frequency (Sig):	
Qty Per 30 Days:	Expected Duration of Therapy:
ICD-10(s):	Diagnosis:

Please check one of the boxes below. If established, please include therapy start date:  
 New Therapy   
  Samples   
  Clinical Trial   
  Established   
 Date Therapy Started: \_\_\_\_\_

Medical Rationale for exception to quantity Limit (**Please attach chart notes, lab work etc. when submitting this form**) If patient is established on the requested medication, please include recent documentation of how the patient has responded to therapy.

I attest that the medication requested is medically necessary for this patient. I further attest that the information provided is accurate and true, and that documentation supporting this information is available for review if requested by WithMe Health, the health plan sponsor, or, if applicable, a state or federal regulatory agency.

\_\_\_\_\_  
 Provider Signature

\_\_\_\_\_  
 Date

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If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution of these documents is against the law.

If you have received this information in error, please notify the sender immediately (via return fax) and arrange for the return or destruction of these documents.