



Quantity vs. Time Limits: Process Flow

1. At point of purchase, the member is informed by the pharmacy that there is a quantity vs. time edit placed against the member's prescription.
2. By system notification on the computer, the pharmacist will be instructed to contact the member's prescribing physician and notify them that a QVT edit has been placed against this claim.
3. It will then be up to the prescribing physician, based upon their clinical judgment, to request an override for their patient by contacting Blue Cross and Blue Shield of Texas/HMO Blue® Texas Pharmacy Programs.
4. If a physician believes an override is appropriate, he or she can submit the Quantity Override Request Form or required information in the form of a letter to Pharmacy Programs using one of three different options:
 - By fax: 1-800-986-9980
 - By email: clinical_pharmacy@bcbstx.com
 - By mail: Blue Cross and Blue Shield of Texas/HMO Blue Texas
P.O. Box 660201
Dallas, TX 75266-0201

If the physician does not have a Quantity Override Request Form, they can request a copy by contacting Pharmacy Programs at 972-766-2725 or downloading this form from our web site at www.bcbstx.com.

Another option is to simply fax Pharmacy Programs with a letter requesting an override for their patient. This letter must include the following information or it will be returned:

- Date of Request
- Patient's First and Last Name
- Patient's BCBSTX ID Number
- Patient's Birthdate
- Physician's First and Last Name
- Physician's BCBSTX ID Number or DEA Number
- Physician's Telephone Number
- Physician's Fax Number
- Physician's Signature
- Requested Drug Name and Strength
- Quantity Requested Per Day and Duration
- Diagnosis
- Previous Drug Therapies Tried and outcome

5. The prescribing physician's request for an override will be reviewed by a member of our physician staff and a decision will be made within 10 business days of receipt of the override request. This decision will then be communicated to the prescribing physician by fax or letter and the member by letter.
6. If approved, an override will be placed in the claims processing system within 24 hours from the time the override is approved. This override will allow for the quantity of drug requested to be covered.
7. If the request is denied, the prescribing physician may send an appeal on the member's behalf. This appeal should include any additional information that supports that an excess quantity is medically necessary.

For HMO members, the appeal should be sent to:

HMO Blue Texas
Complaint Department
PO Box 90602
San Angelo, TX 76906

For PPO members, the appeal should be sent to:

Blue Cross and Blue Shield of Texas
P.O. Box 655730
Dallas, TX 75265-5730.