The Local Choice Health Benefits Program
PRESCRIPTION DRUG REFILL EXCEPTION REQUEST

To request early prescription refills of more than a 34-day or 90-day supply (maximum 12 months), complete this form and send it by fax or U.S. Mail to:

The Department of Human Resource Management (DHRM)
Office of Health Benefits
Attention: Policy and Instruction
101 North 14th Street, 13th Floor
Richmond, VA 23219
Fax: (804) 371-0231

See reverse side for more information.

SECTION A	**PATIENT INFORMATION**							
MEMBER I.D. NUMBER:				PATIENT DOB:				
PATIENT FIRST NAME:		M.I.		LAST NAME:				
ADDRESS:								
CITY:			STATE:		ZIP CODE:			
PHONE #:		CELL PHONE #:						
FAX #:		E-MAIL:						
SECTION B	**REQUEST DETAIL**							
I PREFER TO FILL THESE PRESCRIPTIONS BY:	☐ RETAIL			☐HOME DELIVERY				
EXPLAIN REASON FOR REQUEST								
I PREFER TO BE CONTACTED BY:	☐ Phone	☐ Cell Phone	☐ Fax	☐ E-mail				
BEST TIME TO CONTACT:								
DAYS SUPPLY REQUESTED:								
DATES OF TRAVEL:								
PATIENT SIGNATURE / DATE:								
SECTION C	**TO BE COMPLETED BY DHRM**							
AUTHORIZED SIGNATURE:								
NAME & TITLE:								
PHONE:	( ) -	FAX ( ) -		DATE				
Submission of this form does not certify eligibility.								
By signing this form I indicate that I have the authority to override benefit plan provisions.								

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If you are planning to travel on vacation or leaving home for an extended period, you may need one or more early refills of your medication. Participating retail pharmacies and Anthem Prescription Management (APM) may routinely provide one early refill (up to a 34-day or a 90-day supply as appropriate) to accommodate travel. However, for extended travel you should complete this Prescription Drug Refill Exception Request form. Additional copies are available on the TLC Web site at www.thelocalchoice.virginia.gov or from your Benefits Administrator. Complete the form online, print and send the signed form by fax or U.S. Mail to:

The Department of Human Resource Management (DHRM)
Office of Health Benefits
Attention: The Local Choice
101 North 14th Street, 13th Floor
Richmond, VA 23219
Fax: (804) 371-0231

The Local Choice will approve all valid requests and forward them to Anthem Prescription Management. A member of the customer service team will contact you to obtain specific medication information. Once complete information is received, a prior authorization will be entered for each medication requested and you will have 14 days to complete your purchase.

Please note:

- The maximum supply you may purchase at one time is 12 months,
- You will not be allowed to purchase more refills than prescribed (example, if your one-year prescription expires six months from the date of your request, you cannot purchase more than a six-month supply of medication),
- You will be charged the appropriate co-payments for refills requested on the form (example, you will be charged for a 6-month supply of medication if you request a 6-month supply on the form and then purchase a 3-month supply at the pharmacy),
- The Food and Drug Administration limits early refills on certain medications,
- Allow at least two weeks for complete processing of your request, and
- The Local Choice reserves the right to bill a participant for any months of medication remaining if employment terminates.