

**Date:** [Insert Date]

**To:** [Insurance Company Name]

**Attention:** Pharmacy Prior Authorization Department

**Fax Number:** [Insert Fax Number]

**Address:** [Insert Insurance Address]

**RE: Exception Request for Diabetic Supply Quantity Limits**

**Patient Name:** [Insert Patient Name]

**Date of Birth:** [Insert Date of Birth]

**Member ID:** [Insert Member ID]

**Group Number:** [Insert Group Number]

To Whom It May Concern,

I am writing to formally request a quantity limit exception for the following diabetic supplies for my patient, [Patient Name]:

- **Requested Item:** [e.g., Blood Glucose Test Strips / Pen Needles / Sensors]
- **Requested Quantity:** [Insert Quantity, e.g., 200 strips per 30 days]
- **Current Plan Limit:** [Insert Current Limit, e.g., 100 strips per 30 days]

**Medical Justification:**

The patient is currently diagnosed with [Type 1 / Type 2 / Gestational] Diabetes. The standard quantity limit is insufficient for this patient's clinical management for the following reasons:

[Insert Reason: e.g., Frequent hypoglycemic episodes requiring additional monitoring, use of an insulin pump requiring frequent calibration, brittle diabetes with high glycemic variability, or intensive insulin therapy requiring checking 8+ times per day.]

Restricting these supplies poses a significant risk to the patient's health and may lead to poor glycemic control or emergency department visits. Therefore, I am requesting that you approve this quantity limit exception to ensure the patient can adhere to their prescribed treatment plan.

Please contact my office at [Insert Phone Number] if you require further documentation.

Sincerely,

[Physician Signature]

**Physician Name:** [Insert Physician Name]

**NPI Number:** [Insert NPI Number]

**Office Name:** [Insert Clinic/Hospital Name]