

**Date:** [Date]

**To:** [Health Insurance Company Name]

**Attn:** Pharmacy Utilization Review / Prior Authorization Department

**Fax Number:** [Fax Number]

**RE:** Request for Quantity Limit Exception

**Patient Information:**

**Name:** [Patient Name]

**Date of Birth:** [DOB]

**Member ID Number:** [ID Number]

**Group Number:** [Group Number]

**Provider Information:**

**Physician Name:** [Physician Name]

**NPI Number:** [NPI Number]

**Phone Number:** [Phone Number]

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To Whom It May Concern,

I am writing to formally request a quantity limit exception for the following medication for the patient listed above:

**Medication Name:** [Drug Name and Strength]

**Requested Dosage:** [Specific Dosage, e.g., 2 tablets daily]

**Requested Quantity:** [Total units per 30 days]

**Medical Necessity:**

The standard quantity limit is insufficient for this patient due to the following medical reasons: [Insert clinical rationale: e.g., failure of lower doses, severity of condition, or specific titration requirements.]

**Previous Treatments:**

The patient has previously tried the following medications or lower dosages without success:

- [Medication/Dose 1] (Dates: [Range]) - Result: [Ineffective/Side Effects]

- [Medication/Dose 2] (Dates: [Range]) - Result: [Ineffective/Side Effects]

In my professional medical opinion, this high-dosage regimen is medically necessary to stabilize the patient's condition and prevent [Complication/Relapse].

Please expedite this review to ensure the patient does not experience a gap in therapy. If you require additional documentation, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Printed Name]

[Practice Name]