

Date: [Date]

To: [Insurance Company Name]

Department: Pharmacy Prior Authorization Department

Fax/Address: [Fax Number or Mailing Address]

RE: Exception Request for Inhaler Quantity Limit

Patient Name: [Patient Full Name]

Date of Birth: [Patient DOB]

Member ID: [Member ID Number]

Group Number: [Group Number]

To Whom It May Concern,

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

Medication Name: [Name of Inhaler, e.g., Albuterol, Advair, etc.]

Dosage/Strength: [e.g., 90mcg]

Requested Quantity: [Number of inhalers per month/days]

Current Plan Limit: [Standard plan allowance]

Clinical Justification:

The patient requires a higher quantity of this medication than currently allowed by their plan for the following reasons:

- **Diagnosis:** [e.g., Severe Persistent Asthma / COPD]
- **Reason for Increase:** [e.g., Patient requires multiple units for different locations (school/work/home), patient experiences frequent exacerbations, or dosage requires more puffs than standard inhaler capacity provides.]
- **Previous Trials:** [List other medications tried and failed, if applicable.]

Limiting the quantity of this life-saving rescue/maintenance medication places the patient at significant risk for emergency room visits or hospitalization. Based on the patient's clinical profile, the requested quantity is medically necessary for the stabilization of their respiratory condition.

Please review this request and provide an authorization for the increased frequency. If you have any questions, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

Physician Name: [Printed Name]

NPI Number: [NPI Number]

Office Name: [Practice Name]

Phone: [Office Phone Number]