

[Physician Name]
[Practice Name]
[Address]
[Phone Number]
[Fax Number]

[Date]

[Insurance Company/PBM Name]
[Prior Authorization Department]
[Fax Number]

RE: Controlled Substance Quantity Limit Exception Request

Patient Name: [Patient Name]
Date of Birth: [DOB]
Member ID: [ID Number]
Medication: [Medication Name and Strength]

To Whom It May Concern,

I am writing to formally request a quantity limit exception for the medication listed above for my patient. The current plan limit of [Quantity] per [Time Period] is insufficient for the patient's clinical needs.

Clinical Justification:

[Insert diagnosis and medical necessity for higher dosage/quantity. Mention if the patient has tried and failed the plan-preferred quantity or lower doses.]

Safety Monitoring:

The patient is being closely monitored for efficacy and safety. A current Controlled Substance Agreement is on file, and Prescription Monitoring Program (PMP) reports are reviewed regularly.

I request that you approve an exception for a quantity of [Requested Quantity] per [Time Period] to ensure continuity of care and appropriate symptom management.

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[NPI Number]