

**Date:** [Date]

**To:** [Insurance Company Name]

**Attn:** Pharmacy Prior Authorization Department

**Fax Number:** [Fax Number]

**Address:** [Insurance Company Address]

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**RE: Exception Request for Maintenance Drug Quantity Limit**

**Patient Name:** [Patient Full Name]

**Patient Date of Birth:** [DOB]

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

**Group Number:** [Group Number]

**Medication Information:**

- **Medication Name:** [Drug Name and Strength]
- **Requested Quantity:** [Quantity per Month/90-Day Supply]
- **Dosing Schedule:** [Frequency, e.g., Twice Daily]
- **Diagnosis/ICD-10 Code:** [Diagnosis Code]

Dear Medical Reviewer,

I am writing to formally request a quantity limit exception for the medication listed above. This medication is medically necessary for the long-term management of the patient's chronic condition.

The standard plan quantity limit is insufficient for this patient's clinical needs because:  
[Select/Edit Reason Below]

- The patient requires a higher dose than the standard limit to achieve therapeutic stability.
- The patient's clinical response was inadequate at lower dosages or quantities.
- Lower quantities result in frequent refills that cause a lapse in treatment and risk of complications.
- [Additional clinical justification].

Failure to approve this quantity limit exception may result in suboptimal disease control and potential emergency intervention. Please review this request for immediate authorization.

Thank you for your prompt attention to this matter.

Sincerely,

[Physician Signature]

**Physician Name:** [Provider Name]  
**NPI Number:** [NPI Number]  
**Phone Number:** [Phone Number]  
**Clinic Name:** [Clinic/Facility Name]