

[Date]

Re: [Patient's name] [Patient DOB]

Attn: [Department]

[Plan ID/Group Number]

[Name of health plan]

[Case ID Number if available]

[Health Plan Mailing address]

To whom it may concern:

My name is [name] and I am a [board-certified medical specialty] [NPI] writing on behalf of my patient, [patient name], to request a formulary exception. [Patient Name] has been under my care for [X months/years] for the treatment of [disease or symptoms].

The prescription is for [product, dosage, and frequency], which is medically appropriate and necessary for this patient who has been diagnosed with [diagnosis], [ICD-10-CM code(s)]. Therefore, I am requesting that the plan remove any relevant NDC blocks, so that [product] can be made available to my patient as a preferred medication.

[Provide a brief medical history, including diagnosis, disease progression and/or symptoms, allergies, existing comorbidities, and past treatment(s) – including drug name, start & stop dates, and reason(s) for discontinuing]

[Discuss rationale for using product vs other treatments and main reason for requesting this formulary exception. Insert your recommendation summary here, including your professional opinion of your patient's continued daily symptoms and functional impact without treatment]

The following are enclosed, which offer additional support for this formulary exception request for [product name]:

- [List of pertinent medical records]
- [Prescribing Information for product]
- [Letter of medical necessity]
- [Other supporting documentation]

Please contact me at [telephone number] for any additional information you may require to support coverage of [product name] for [patient's name]. Thank you in advance for your attention to this request.

Sincerely,

[Physician Name and signature]

[Physician's medical specialty]

[Physician's NPI]

[Physician's practice name]

[Phone #]

[Fax #]