

Sample Formulary Exception Request

[Physician Practice Letterhead at the top of the letter]

[Date]

[Name of Medical/Formulary
Director]

[Name of Insurance Company]

[Address]

[City, State Zip Code]

Re: [Patient's Name, Group Policy Number, Date of Birth, Case Identification] – Formulary Exception Request for [INSERT PRODUCT™ (insert generic name)]

Dear [Medical/Formulary Director Name],

My name is [HCP's name] and I am a [board-certified medical specialty] [NPI]. I am writing to request a formulary exception for [INSERT PRODUCT] for my patient, [Patient's Name] who is currently a member of [name of health plan].

I have included additional information to support my decision to treat my patient with [INSERT PRODUCT]. In my clinical judgement, [INSERT PRODUCT] (as you will note from the information below and attached) is medically necessary and appropriate for [Patient's Name]. This letter includes information on [Patient's Name] medical history, prognoses and my medical rationale for selecting [INSERT PRODUCT] to be used. Therefore, I am requesting that the plan removed any relevant NDC blocks, so [INSERT PRODUCT] can be made available to my patient as a preferred medication.

Summary of Medical History

[Patient's Name] is a [Age, Gender]. [He/She] was diagnosed with [Insert description of disease or condition] on [Date].

[Include a brief description of patient's medical history and attach patient's chart notes].

[Include [INSERT PRODUCT] Package Insert and note that use is within labeled indication].

Treatment Rationale

Given my patient's medical history, [the lack of response to other medications] and the patient's current condition and prognosis, I strongly believe that the use of [INSERT PRODUCT] for [Patient's Name] is medically necessary and appropriate and coverage should be approved.

[Include any relevant clinical guidelines, such as NCCN guidelines]

Please call me or my office staff at [Physician's telephone number OR Practice telephone number] if I can provide you with any additional information. I look forward to receiving your timely response and approval for treatment with [INSERT PRODUCT] for [Patient's Name].

Sincerely,

[Prescriber's Signature]

[Prescriber's Name]

[Attachments: Enclose supporting documentation]